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ABSTRACT

This fifth volume in a series of volumes containing the proceedings of the 1983 Australian Family Research Conference deals with support networks. Papers and authors included are: "Blood Ties and Gender Roles: Adult Children Who Care for Aged Parents" (Hal L. Kendig), "Family Care Policies: Findings from a Survey of Carers" (David Kinnear and Christine Rossiter), "'I Don't Need More Help--at the Moment': Orientations of the Frail Aged toward Planning for Future Custodial Care" (Alice T. Day), "Family Support Networks and Use of Formal Services in Geelong" (Peter d'Abbs), "Family Life Stage: The Neglected Divider" (Lyn Richards and Jan Salmon), "Continuity and Change in Vietnamese Families in Perth, WA" (Joan Knowles), "Adult Siblings of the Handicapped: Early Family Relationships" (Maggie Kirkman), "Measuring the Effect of a Home-Support Service on Mothers Caring for an Intellectually Handicapped Child" (Heather Brown and Tim Anstey), and "Social Networks and Conjugal Role Organisation: Qualifying the Bott Hypothesis" (Janeen Baxter and Stephen Mugford). (RM)

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VOLUME V

Support Networks

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Blood ties and gender roles: Adult children who care for aged parents

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Introduction

There is mounting evidence that close family members are essential to the support of many frail older people in the community. By way of comparison, community services play a relatively minor role, occasionally providing supplementary rather than alternative support, and institutions serve an equally small minority of the disabled aged. These and related findings have emerged from a recent survey of older people in Sydney (Kendig, Gibson, Rowland and Mewer, 1983).

As the importance of informal support has become more widely recognised, increased attention has been directed toward those who assist older people. One line of inquiry is to identify the characteristics and experiences of informal providers of care, and to consider policies that could ameliorate some of the burden and improve care (Kinnear and Graycar, 1982). The more general concern is that the social costs of dependency in old age extend beyond older individuals but still remain primarily as a private rather than public responsibility. Identifying the distributional consequences has a bearing on broad concerns for social equity between genders and social classes as well as age groups.

A related issue is whether the informal sector can continue to sustain high levels of support in the future. Will current and later generations of older people receive family support comparable to that which they had provided to their aged parents? There is heightened concern that the pool of carers for the growing older population will be eroded by long term changes of family structure, gender roles, and economic and spatial mobility.

The paper addresses these questions by examining the levels of support forthcoming from adult children. Although the information source is a survey of older people, the focus is on the children themselves; the view is 'up' rather than 'down' the lineage. By comparing providers and non-providers among children, some insights are gained into the determinants of care as well as the distribution of the responsibilities. The analysis is necessarily limited to quantitative material, and the nature of the emotional relationships and stresses can only be inferred from the findings. A qualitative study by Day (forthcoming) addresses the variable negotiations and meanings of these relationships from the viewpoint of particular individuals.

A number of specific topics are considered in the paper. What is the role of adult children relative to other informal and formal providers of community care? How does their availability and provision of support vary depending on family and employment circumstances? For example, are children with fewer siblings more likely to live nearby and provide assistance, and do sons and

daughters in law provide more when daughters are unavailable? Are adult children less forthcoming with assistance if they have competing demands from their spouses, their own children and employment? Do upper middle class sons accept less gender stereotyped roles and assist their parents, or does economic privilege carry them away from the family of their roots? The answers to these kinds of questions have important implications for the development of policy.

Research Approach

The information source is a community survey of 1050 persons aged 60 or over living in Sydney in late 1981 (Kendig, et.al., 1983). In addition to answering questions about themselves and their spouses, respondents were asked about the basic characteristics of all their children, and any other persons with whom they shared a residence, felt close emotional bonds, or gave or received instrumental assistance; individuals who would potentially provide advice or assistance were also included. The sample yielded information on 7779 people (excluding spouses) who were in the respondents' personal networks. These included 1120 sons, 1091 daughters, 829 sons in law, 803 daughters in law, 1749 other relatives, and 2187 friends and neighbours. The 3843 children and children in law form the 'unit of analysis' for most of the findings.

One of the sections of the questionnaire focused on the areas of everyday life in which the respondent may have been receiving or giving assistance. Detailed information on the nature of these

questions, and the findings they yield, have been reported elsewhere (Kendig, 1983a,b; Kendig and Rowland, forthcoming). For the purposes of this paper, attention is directed only to assistance received by the aged, as summarised by the following definitions:

1) intensive support: the provision of most of any personal care received in activities such as bathing, dressing, or moving around the house over the last month. This intensive support is comparable to levels of care often provided in nursing homes. Most of the few who provided it also helped with the other kinds of support as well.

2) substantial support: responsibility for all or most of any of the older persons' household tasks - shopping, meals, or housekeeping - over the past month. This kind of assistance in broad terms equates to levels of care provided by residence in hostels, or intensive use of comprehensive community services. Providers of care at this level usually help with a number of these substantial tasks, and also usually help with one or more of the low level tasks described below.

3) moderate support: some responsibility (but not all nor most) for any of the higher level tasks mentioned above, or any assistance with transport, minor dwelling up-keep, or gardening over the past six months.

To summarise, this simplified hierarchy of levels of support is based on the demands of the tasks, their frequency, and the degree of intimacy and intrusion associated with providing assistance. Overall, the findings presented according to this schema corresponds closely to more detailed analysis of support provided with each specific task (Kendig, 1983a). It should be noted that assistance from spouses is excluded in this typology.

In analysing variations of support patterns, the level of need is taken into account by conducting separate analyses for adult children of disabled and non-disabled older people. The disabled category includes the 15 per cent who are not self sufficient with personal care, or who have a severe mobility restriction, for example, being unable to walk half a mile or use public transport. Unless otherwise noted, all differences reported in the text are significant at the .05 level. Although most of the independent variables are not closely inter-correlated, colinearity remains a potential problem, and causal inferences from the descriptive findings should be regarded as provisional.

Two further qualifications need to be kept in mind. Most importantly, the analyses exclude the children of older people who reside in institutions. It thus is not possible to identify the circumstances under which children have not provided support that forestalls institutionalisation. Such information currently is being gathered, however, and will be compared later to the findings from the community survey (Minichiello, 1982). Childless older people, a

particularly vulnerable group, also are excluded from the analysis.

Parent Support in Perspective

Examining the instrumental support of older people entails the risk of exaggerating their apparent dependency. To put the matter into perspective, very few older people have any substantial disability, and the majority of them reside in the community rather than in institutions (Rowland, 1983). Moreover, many of the needs of older people stem from low income rather than frailty, and much of the informal assistance they do receive is a matter of convenience and reciprocity rather than necessity (Kendig and Rowland, forthcoming). The majority of older people do not have any substantial support from children simply because they do not need it.

Community care by in large is a euphemism for informal care, and informal care in turn is provided overwhelmingly by family (Kendig, 1983a, b). Meals on wheels, home help, and visiting nurses comprise only about a tenth of the providers of community care in each of their respective needs areas tasks (ibid). Among informal providers, friends and more distant relatives play a relatively minor role, serving primarily as supplementary carers with the less demanding tasks (Table 1). Leaving aside mutual support between older spouses, adult children comprise the principal resource for older people in the community.

Table 1

The dominance of family support is explained largely by the strength of intergenerational reciprocity within lineages. Many of the older people now receiving some assistance had themselves provided substantial amounts of care to their own parents some years ago (Rowland, forthcoming). In turn, the current generation of older parents includes a substantial number who have assisted their children during adulthood as well as childhood. These informal exchanges, reinforced by emotional bonds and social norms, operate largely through mother-daughter ties; women are much more likely than men to be recipients of care, due to their higher rates of disability and widowhood, as well as to be the providers in middle age, as discussed below.

The potential for family support is, of course, dramatically reduced among the 16 per cent of older people who are childless, and the one-third who have no daughters (Rowland, 1983). When children are unavailable, there is some indication that other informal resources partially fill the gaps. The childless aged have more assistance from other relatives, most notably siblings, and also make more use of paid help; they do not, however, make greater use of most community services (Kendig, 1983b). The importance of having adult children is also reduced among the aged who have the support of a spouse. However the vast majority of the disabled aged are single, and many of their friends and siblings would also have limited resources. Having more children substantially increases the chances of having support in the community (ibid) and decreases the chances of

living in an institution (Rowland, 1981).

Availability of Children

The focus of the discussion now turns solely to children and children in law. As a background to examining their actual contributions, it is important to consider the circumstances which could influence either their potential availability, or the pressures associated with providing assistance. The most important of these are the competing obligations involved with other role responsibilities, and geographical accessibility to their parents.

Adult children are spread through a wide range of ages, due to considerable variability in the childbearing patterns and ages of the parents. Nearly three quarters of the adult children, however, are in their thirties and forties, the ages at which their own family and employment responsibilities typically are at a peak. Table 2 shows that the vast majority have spouses and children, the first role commitments in a social structure organised primarily around independent nuclear families. Family formation by adult children may bring in other potential recruits for assisting the aged, most notably children in law and grandchildren, but also entails additional responsibilities to parents in law as well as children and spouses. Relatively few of the adult children have yet to enter their own childrearing years, passed through them into 'empty nest' stage of the family, or bypassed them by remaining childless.

Table 2

Two critical differences stand out between daughters and sons. One is that sons marry later and hence more of them (19 per cent) than daughters (11 per cent) remain unmarried. The other is that virtually all of the sons are in the labour force on a full time basis, as compared to only a third of the daughters. Most of the middle aged children appear to have a traditional division of labour in which sons are employed and daughters have housekeeping and childrearing responsibilities.

The most demanding care is likely to be required by the minority of older people who are disabled, and this high level of activity restriction occurs primarily among those aged 75 or over. Accordingly, the adult children of the disabled aged are also older, with 10 per cent being over age 60 themselves (Table 1). Commitments to other family roles are substantial because marriage rates are high and few of them have launched all of their own children; having teenage children at home adds to the household responsibilities, and can be emotionally taxing. But while very few of these adult daughters have pre-school age children, only a third of them are employed full time. This suggests that re-entry into the labour force remains limited among the current cohort of adult daughters, or is delayed until children are launched and disabled aged parents pass on. While the role transitions in mid life are complex and variable, it seems likely that they involve more of a shift than a reduction in overall responsibilities.

Spatial accessibility is another potentially powerful influence on the support forthcoming from adult children. While modern technology, most notably the telephone and improved air and road transport, permit substantial social interaction and emotional support from a distance, assistance with the tasks of daily living nearly always requires face-to-face contact on an ongoing basis. Another alternative, provision of financial support so that older people can purchase necessary support, is very rare from adult children to aged parents (Kendig and Rowland, forthcoming). In any event, older people generally prefer informal rather than paid help, and many necessary services are too expensive or are not available on the private market.

Spatial proximity is critical in the provision of informal support. When older people receive a substantial amount of assistance from a child, three quarters of them live with that child. Carrying out most of the household duties for an older parent is a frequent and demanding responsibility which is especially onerous if there is a substantial amount of travel between households. On the other hand, the provision of a moderate amount of help, usually provided at less frequent intervals, tends to be possible as long as the child remains in the city; less than a quarter of these providers shared a household with their parent. Thus, the modified extended family meets most of the moderate needs of older parents, while multigenerational households are the most common ways of providing more substantial assistance.

In post-war American sociology, a number of comentators have suggested that changing social norms, and the demands of fluid national employment markets, would result in the dispersion of nuclear families and the attenuation of ties within extended families (for example, Parsons, 1949). Increasing urban mobility, especially by the achieving middle classes, would thus be likely to reduce the potential for instrumental family support from adult children to aged parents.

Whatever the applicability of these views in the U.S., it does not appear that geographical mobility carries many adult children away from their aged parents in Sydney. Rowland (1983) has shown that nearly three quarters of them are in Sydney along with their parents, and thus potentially are available to provide at least moderate amounts of assistance. Moreover, only children are more likely to be in the city (82 per cent) than are adult children with three or more siblings (69 per cent). Nor does career ambition lead middle class children away from Sydney any more than the working classes: Sydney, like the other capital cities where three quarters of all Australians live, is largely a self-contained labour market with a full range of jobs. The stark choice between occupational mobility and proximity to parents probably is much more common for those from rural areas where employment opportunities are more limited.

Joint households are, as noted earlier, the most common way of providing substantial amounts of assistance. Rowland (1983) has shown that few of the aged are in multigenerational households; joint residency with adult children is most common among older people who

are single, disabled, and on low incomes. Overall, they are slightly more likely to live with sons rather than daughters, but the proportions are reversed among the disabled aged. Rowland suggests that sons remain at home longer while daughters are more likely to take needy older parents into their own homes.

More detailed analysis of adult children confirms Rowland's interpretations. Overall, joint residency is most common among the never married children (49 per cent), least common among married children (7 per cent), and of intermediate frequency among the previously married (17 per cent). Controling for marital status, sons are no more likely than daughters to live with a parent. Slightly more sons than daughters live with an aged parent (13 per cent compared to 11 per cent) because nearly twice as many sons are never married.

Joint residency is more likely to involve intergenerational support when aged parents are disabled. Among this group of the aged, there is a definitive tendency in the opposite direction, with 14 per cent of sons and 20 per cent of daughters sharing residences with them. The few sons or daughters who never married generally live with their disabled parents (60 per cent for both sexes). But once they are married, daughters are twice as likely as sons to have a disabled aged parent in the household. Daughters also are more likely to be previously married and hence can live with disabled parents without imposing burdens on spouses.

One of the popular received wisdoms is that social class is inversely related to the formation of multigenerational households. It is true that older people on lower incomes are more likely to live with children (Rowland, 1983). The conclusions are precisely the opposite, however, if viewed from the perspective of the adult children. There is a tendency for more adult children from middle class families to have an aged co-resident (11 per cent) as compared to adult children in the working classes (7 per cent). The class differences increase, and become statistically significant, for the children of disabled parents : 21 per cent of the upper middle class children as compared to only 2 per cent of the working class families. The findings indicate that children who have greater financial means are more likely to take an aged parent into their home.

The profile of adult children who live with aged parents is most graphically illustrated by comparing the figures in Tables 2 and 3. In contrast to other children of disabled parents, most of those who share homes with them are not married (most never married) and do not have children of their own in the household. Even among those who are married, only half still have a child at home. The positive side of these figures is that few adult children are coping with the stresses of having both disabled parents and younger children within the household. The more negative view is that the potential for these stresses leads adult children having their own families to make other arrangements besides joint residency. The post war trend toward higher rates of marriage and childbearing (Rowland, forthcoming) may

be increasing one generation's chances of having co-resident children, but it reduces the potential for co-residency with children by the preceding one.

Table 3

Family Structure and Amounts of Support

Adult children generally may be close enough to support their aged parents but only about a quarter of them actually are doing so (Table 4). Most of those who do assist provide only moderate amounts of help, mainly supplementing the efforts of older people themselves, and only 5 per cent provide substantial levels of assistance. The low incidence of parent support by any one child is explained by the self sufficiency of most older individuals and couples, and the possibility of all necessary support being provided by other relatives and friends. These cross-sectional figures are a bit misleading, however, in that a much higher proportion of children undoubtedly assist at some time during their parents later years.

Table 4

Contrary to most popular conceptions, sons are slightly more likely than daughters to be providing at least some assistance to an elderly parent (Table 4). One reason is that more of them live with a parent, and contribute at least a modicum of effort to various household tasks. The more important one is that older people receiving assistance are mainly women, and their most common needs

typically are with traditionally male tasks such as gardening and minor home upkeep. These need be carried out only infrequently and seldom are urgent; having a full-time job would not by any means preclude the provision of such help.

Daughters are the mainstay, however, with the substantial levels of assistance, providing it nearly five times as often as the sons (Table 4). This confirms that household tasks are assigned to women; co-resident mothers look after co-resident sons, but are looked after themselves by co-resident daughters. Among the adult children of the disabled aged, daughters are much more likely than sons to be providing support at any level (Table 5). Daughters also comprise eight out of the nine children who are providing personal care for the aged who are unable to bath themselves or move around in the home on their own.

Table 5

Overall, marital status of the children does not strongly influence whether or not they provide any support. However, among the disabled aged, children who are never married, divorced, or widowed are much more likely than their married counterparts to be providing substantial support (30 percent versus 10 per cent). This results primarily from their greater tendency to form or continue in joint households with parents. Interestingly, unmarried sons are as likely as unmarried daughters to be providing some substantial assistance in these circumstances. The gender differences emerge solely among the

married aged. Once men are married, they usually leave the provision of substantial support to their sisters or wives. The pattern holds regardless of whether or not the daughters or daughters in law have full time jobs.

This distribution of responsibility cannot be understood in terms of gender differences of either accessibility or competing role committments. The explanations lie in life-long social conditioning of women more than men to household and nurturing responsibilities. It is worth noting that the gender expectations could well have been set in the pre World War I childhoods of the current aged, and in the pre World War II childhoods of their now middle aged children. A qualitative study by Day (forthcoming) suggests that older people's own views are an important factor in determining support patterns, for they can take an active part in either claiming or rejecting care from particular children. These points are reinforced by the predominance of women, by a nine to one margin, among the single, disabled aged in the community. Many older women would have been life-long housewives, and would have cared for their own mothers. A new generation of daughters may have different personal attitudes but they could be expected to come under considerable moral and social pressure if they attempted to break these patterns of intergenerational assistance.

Overall, blood ties emerge as more powerful than gender roles as influences on the provision of support. Children in law of either sex are only half as likely to be helping as natural children, and the differential increases with the more substantial levels of help among

the disabled aged (Tables 4 and 5). Yet two important gender differences do remain. First, more son in laws than daughters in law provide some support, mainly because they provide supplementary help to wives caring for aged parents. This further confirms the matriarchial organisation of assistance within lineages. Second, when older parents turn to the families of married sons, more of the daughters in law than the sons provide substantial assistance. The findings add some evidence to confirm the adage that marriage of children results in losses of sons and gains of daughters in law.

The chances of an adult child providing support also depends on the potential availability of other siblings. Only children of either sex are especially likely to be providing support (39 per cent). Among those who do have brothers or sisters, the proportions providing some assistance remains at 23 per cent irrespective of the numbers of the other siblings. Overall, having more siblings increases the total amounts of support from adult children as a whole, and spreads the responsibilities between them, rather than reduces the chances of providing any help. Among the disabled aged, however, those having larger families are especially likely to live with an adult child, in which case support from the other adult children drops off sharply.

With larger family size, there is a marked reduction of the proportions of daughters in law who support disabled parents in law. Twenty three per cent of these women support their husband's disabled parents if he has no or one sibling, as compared to only 2 per cent of those with husbands having two or more siblings. Daughter in laws

emerge as providers primarily among the disabled aged who have neither unmarried children nor married daughters. In other words, they serve principally as first reserves who are enlisted when closer blood relations are not available.

The findings probably stem from the ambivalent nature of in law relations. Children in law obviously choose their spouses rather than their parents in law, and a degree of potential competition is to be expected among in laws whose bonds develop through another person close to both of them. The pressures are likely to be greater on daughters in law than sons in law in several respects. Arguably, the potential conflict is greater between in laws of the same sex, and older disabled people are overwhelmingly women. More support is expected of women, of course, especially with household and personal tasks. These are not only demanding, but also are potentially intrusive and problematic, particularly since the mothers in law have been accustomed to controling their own households.

To conclude this section, it is important to emphasize which children carry the greatest responsibilities. The blood and gender expectations come together on the adult daughters, who provide nearly two thirds of any substantial assistance provided by adult children to disabled parents. By comparison, sons and daughter in law are very distant seconds (20 and 14 per cent respectively), and sons in law are virtually absent.

Relatively few adult daughters - about 9 per cent of them - currently are providing these high levels of support. The potential problems are most notable, however, for their intensity rather than their intensiveness. Approximately 60 per cent of these daughters are married, and 40 per cent live with children of their own as well as husbands. Nearly all of these women thus have several or more major responsibilities. One out of six of them completely fit Brody's (1981) archetype of 'women in the middle' - those who provide substantial support to an aged parent while maintaining a full time job and having a husband and children at home.

In a study of intensly needy older people in joint households, Kinnear and Graycar (1982) confirm that the majority of carers are adult daughters. Few of them had any supplementary support from brothers, and only a quarter had any help from sisters. Not surprisingly, 90 per cent of them said that relationships with their siblings had deteriorated after they took virtually sole responsibility in caring for their disabled parents. Similarly, husbands and children provided relatively little assistance, and relationships with them were often strained. The result of the various and intense pressure was a sharp reduction in discretionary time and quality of life.

Employment and Amounts of Support

Involvement in work roles could potentially influence support patterns in two basic ways. The employment of household members locates them within the broader class structure, which shapes attitudes and behaviour as well as financial means. Labour force participation also has a bearing on the amount of time available to provide informal support.

Accounts of extensive family support of the aged among working class families, such as the classic one by Townsend (1957) in an inner London suburb, suggest that comparable support may not be forthcoming in the middle classes. It may be that middle class culture organises extended family life primarily around social and emotional interaction, leaving instrumental support more to the nuclear family and the private market.

The Sydney survey provides only a crude measure of the social class of adult children. Aged respondents were asked to report on the occupations of sons, sons in law, and unmarried daughters. These responses were coded into categories termed 'upper middle class' (professional, technical, administrative and managerial - 27 per cent of adult children), 'middle class' (clerical and sales workers - 13 per cent), 'working class' (trades workers, operators, and related occupations - 29 per cent), and a residual category (persons outside the labour force, or with occupation inadequately specified - 32 per cent). Married daughters were classified according to the occupation

of their husbands.

The results belie the expectation that support from children is reduced among those with a higher class position. The proportions providing some support is 26 per cent among the 'upper middle' classes, 17 per cent among the 'middle' classes, and 13 per cent among the working classes. A closer examination reveals no class differences among daughters but sizeable ones amongst sons : 37 per cent of the upper middle class sons, as compared to only 14 per cent of the working class sons, had helped an aged parent. The class effects on care patterns are especially great among the sons of the disabled aged, as shown in Table 6; the differences are in terms of intensity as well as frequency of support.

Table 6

How can one explain why working class men are less likely to support their aged parents? It seems unlikely that financial aspects are the sole explanation, for instrumental support requires time more than money. Affluence facilitates the formation of joint households but the class differences remain irrespective of living arrangements. Besides, if financial considerations were the deciding factor, one would expect them to be apparent among daughters as well as sons. This is not the case.

Through a process of elimination, one is left with several possible explanations. One is that upper middle class men may be closer to their parents: Adams (1968) has reported that successful

sons are more appreciative of their mothers. It is perhaps more plausible that these men are less likely to accept a rigid gender division of responsibility for parent support and household chores. When they have an aged parent in the household, whether accompanied by a spouse or not, they are more likely to take over most of the responsibility for one or more of the major household tasks. Those who live apart from their parents are also more likely than their working class counterparts to help with most of a household task, especially shopping, and to provide some assistance with transport or other less demanding tasks. Conversely, working class men more frequently leave those responsibilities to their mothers, wives or sisters.

These class differences suggest that men may be more involved with care of the aged in the future. The upper middle classes will probably be expanding slightly, while working class jobs may be declining. More importantly, social change occurs at an unequal pace, and it is likely that a weakening of gender roles will initially take hold higher up the class structure and then filter through the rest of the population. If so, the potential base for support of the frail aged could increase appreciably, and the gender inequality in the distribution of the burden of support could be reduced.

While some sons may be taking on a measure of parent support in addition to holding full time jobs, there is the possibility of an offsetting reduction of support from middle aged daughters, due to their increasing labour force participation. The proportion of adult

daughters in employment, currently at 34 per cent full time and 13 per cent part time, will undoubtedly rise as new cohorts of women moves into their middle adult years. Will they be less likely to provide aged care if they have the competing responsibilities and rewards of full time employment?

The cross-sectional survey data indicate that a daughters' likelihood of supporting an aged parent is unrelated to her labour force participation. Working and non-working daughters are virtually equally likely to be providing moderate or substantial levels of support. Moreover, full time labour force participation among daughters of disabled parents (29 per cent) is only slightly below that of daughters of non-disabled parents (35 per cent). This suggests that working and parent support both add to daughters' role responsibilities, and are not mutually exclusive.

There remains a substantial caveat to this conclusion. Although considerable support can be combined with full time employment, meeting some very intense needs virtually requires the constant presence of a household member. These include difficulties in getting to the toilet and around the home, and mental confusion which requires ongoing supervision. The survey included very few cases of children providing such care in the survey - itself an indication that institutionalisation is often precipitated if these circumstances persist. The results also show that none of the nine daughters providing intense personal care are currently employed.

These findings suggests that adult daughters take on intense caring responsibilities only when they do not work, or that they leave employment in order to provide it. Kinnear and Graycar (1982) found that half of the women in this position had in fact left employment in order to manage the demands of parent care. The rising labour force participation among middle aged women, combined with increasing numbers of older people, suggests that the availability of very high levels of informal support may well decrease in the future. Or it may be that more women will make the sacrifice of their own incomes and work life. Either way, it is the daughters rather than the sons who will carry the greater burden.

Conclusions

The paper has shown that the overwhelming majority of adult children remain relatively near their aged parents. Questions of limited availability emerge more in terms of competing role demands, resulting from high marriage rates, and the presence of children in the household. Virtually all of the sons in law were employed full time, as compared to only about a third of the daughters and daughters in law.

Both gender roles and family composition influence the support which adult children provide to their aged parents in the community. Overall, a quarter of all adult children provide some instrumental support to their aged parent. Support was shown to be at the highest levels among unmarried sons and daughters, and married daughters. In

law ties are much less strong than blood ties, with daughters in law occasionally substituting for unavailable daughters, and sons in law assisting wives caring for aged parents. The findings reveal the continued strength of traditional expectations that women maintain the primary responsibility for household tasks, nurturing roles and family relations.

Involvement in the work world proves to have only a small bearing on support patterns. Social class intervenes primarily among sons, with those in the upper middle classes being somewhat more likely to take aged parents into their homes, and to assist with traditionally female as well as male tasks. Although most adult daughters are not working, those who do are no less likely than housewives to provide substantial support. The one proviso is that intensive, personal care - though provided by very few adult children - virtually rules out employment.

High levels of support are usually carried out by one adult daughter, which raises important questions of social equity. To the extent that women choose not to pursue employment or do not depend on the income, one could argue that husbands and wives have a reasonably fair division of obligations between them. Moreover, women are much more likely to be the eventual recipients of family care, as well as being the current providers. There also is evidence from overseas that the child who provides the most support is likely to inherit a larger share of the estate (Sussman et al, 1970).

There are, however, firm limits to these arguments. They do not apply very convincingly to women in the labour force, or to the never married daughters (and sons) who are more likely to give and less likely to receive. Moreover, having disabled parents usually overlaps with responsibilities to look after teenage children. For the adult daughters who do provide substantial support, there is a considerable risk of role overload, with attendent risks of stress on the carers, or a breakdown in support of the older person. Day (forthcoming) reports that older people may refuse to request or accept help because they anticipate the harmful consequences on their children. Continued reliance on a small number of family members thus poses significant inequities, and puts at risk the sizeable proportion of older people who for whatever reason do not have children available to assist them.

The numbers of adult children is expected to decline slightly relative to the considerable growth of older people over the remainder of the century (Rowland, forthcoming). The likely increase of middle aged women in the labour force probably will not decrease the amounts of support, except for the small numbers of older people requiring very high levels of care, but the stresses of role overload on supportive daughters and daughters in law would probably increase appreciably. It is possible, however, that more middle aged men will dissipate the pressures by sharing these responsibilities with wives and sisters who hold down full time jobs. With lengthening life expectancies of the aged, and increases of retirement in late middle age, parent caring may also become more common after leaving the

labour force. While the future will undoubtedly bring changes of demographic circumstances and social attitudes, it is unlikely that there will be any sharp reduction in the deeply entrenched patterns of family support.

There is a strong case for improved and expanded community services which would complement and strengthen available family support, or substitute for its absence. Meals on wheels and home help enable older people to remain in their own households longer, at less social cost to their non-resident informal helpers; these services supplement rather than replace family support (Kendig, 1983c). Most community services do not cater very well, however, for older people living in their childrens' households. In these circumstances, many of the stresses could be relieved through the provision of adequate day care, relief care at home, and in-patient respite care: the financial burden could be partially offset by an attendent care allowance (ibid; Kinnear and Graycar, 1982; House of Representatives Standing Committee on Expenditure, 1982). The development of adequate community services would benefit not only the older client, but also the adult daughters and other family members who carry the primary responsibility.

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Table 1: Providers of Informal Suppo.* (Pct)

Amount of Support	Children and Children in law	Other Relatives	Friends and Neighbours	Total pct	Total no
Substantial	61	25	14	100	237
Moderate	54	18	28	100	1017
Total	55	19	26	100	1275

Notes: 1. Excludes support from spouses.
2. See text for definitions of amounts of support. The category of 'substantial' support includes a small number of older people who also received intensive support.

Table 2: Summary Characteristics of Adult Children

Parents Disability	Median age	Pct married	Pct with child at home	Pct working full time	Total no of cases
Disabled parent					
son	43	85	74	89	163
daughter	46	73	74	29	176
total	45	79	74	57	341
All parents					
son	38	73	71	91	1118
daughter	39	78	79	34	1081
total	38	75	75	63	2199

Note: Excludes children in law.

Table 3: Characteristics of Adult Children Having Co-Resident Parents

Parents' Disability	Pct married	Pct with child at home	Pct working full time	Total no of cases
Disabled parent				
son	46	23	100	22
daughter	38	37	34	35
total	41	32	58	57
Total parents				
son	21	17	80	142
daughter	25	28	56	118
total	23	22	70	260

Notes: 1. Excludes children in law.
2. The small sample sizes for co-resident children of the disabled aged involve large amounts of sample error.

Table 4: Amounts of Support Provided by Adult Children

	None	Some	Substantial	Total	
				Pct	No
Sons	74	24	2	100	1120
Daughters	77	14	9	100	1091
Son in law	88	11	1	100	829
Daughter in law	92	4	4	100	803

Note: See text for definitions of amounts of help.

Table 5: Amounts of Support provided by Adult Children to Disabled Parents

	None	Some	Substantial	Total	
				Pct	No
Sons	65	27	9	100	163
Daughters	58	17	25	100	178
Son in law	82	16	2	100	127
Daughter in law	89	4	7	100	138

Note: See text for definitions of amounts of help.

Table 6: Amounts of Support Provided to Disabled Parents by Social Class of Sons

	Amount of Support				
Class of Son	None	Some	Substantial	Total	
				Pct	No
Upper Middle	43	40	17	100	37
Working Class	82	18	0	100	37

Notes: 1. See text for definitions of class and amounts of support.
2. Excludes sons in law.

Family care policies: Findings from a survey of carers

David Kinnear & Chris Rossiter
Social Welfare Research Centre, *Developments in Family Policy*

There has been an increased interest in the concept of family policy in response to a growing concern about recent social and economic changes. Moreover it is those changes which have seemingly affected both family stability and family responsibilities that have focused attention on the need for family policies.

Prior to the 1970s, the family was recognised as the most appropriate institution for procreation and child care; any assistance in the form of collective provision occurred in order to ensure that individual families met social expectations of familial responsibility. Collective provision was provided in two ways. On the one hand government sought to supplement the family in providing care and support through the welfare state and on the other it totally replaced the family where support was non-existent or where the capacity to care had broken down. Encouragement of family care was a major thrust of the expansionist economic policies of the post-war state. Cass suggests that during this period "... the family was constituted as the recipient of a range of collective provision... it was considered legitimate that public expenditure be directed towards the subsidisation of the market wage so that families could carry out their responsibilities of procreation and child care" (Cass, 1982; 15). In effect, the family was viewed as the legitimate basic institution for the social organisation of care.

The collapse of the long boom of sustained economic growth in the early 1970s ushered in a protracted recession. This development has coincided with many new assumptions regarding public policy and family life. No longer is there strong support for collective provision; rather, as Cass (1983; 184) argues, public policy has been concerned to maintain and support the 'natural' sexual division of labour in the family. Thus family problems - even those brought about by the recession - should be solved individually rather than collectively. Mounting rhetoric calling for private provision by families legitimates a significant transition from a welfare state dispensing universal services to that which aims at supporting only the most vulnerable and disadvantaged groups.

The concept of family policy, however, does not refer only to the rearing and care of young children. It is also concerned with the support of other dependent populations, in particular those elderly

people who, through ill health, disability or mental infirmity are no longer able to care for themselves.

This has been particularly pertinent in recent years with rising proportions of elderly people: The 'dependent' (i.e. non-employed) population is increasingly made up of retired people with proportionately fewer children.

Australia's population is gradually ageing. Today 9.6 per cent of the population is over 65 - the official definition of old age. By the turn of the century elderly people will comprise 10.6 per cent of the population, reaching about 13.6 per cent by the year 2031 - about the rates which prevail in much of Europe today (Rowland, 1981: 6). Over the last 100 years, life expectancy has increased along with the incidence of chronic and disabling conditions. These developments have had consequences for both the income secuity system and the health and social services.

Concern about the care of growing number of frail elderly people has emerged concurrent with an economic climate of recession and a political climate of challenge to mounting public expenditure and the role of the welfare state. These themes have crystallised around the notion of community care.

The Ideology of Community Care

Community care has, over time, been defined in numerous way and has appeared in many different guises. As Walker (1982: 19) comments

> "underlying the precariousness of community care policies, therefore, is first, the absence of a clear and consistently applied definition of community care in public policy. ... In fact the term's durability and attractiveness probably owes much to its manipulation to encompass the widest possible range of institutions - it is all things to all politicians and policy makers".

Much recent writing has attempted to distinguish between care in the community and care by the community (Finch and Groves, 1980. Bayley, 1973). In a more recent paper on the definitional issues of community care,

Graycar and Harrison argue that "... care in the community refers only to the environment in which care occurred, while care by the community involves assumptions regarding responsibility for this care. Simply to advocate 'community care' without addressing the question of responsibility maintains the ambiguity which has surrounded the use of the term. Indeed, the term 'community' itself is one which is clearly associated with the images of integration, activity, and stability. Given this, it is difficult to imagine any opposition to community care" (1983: 64). Certainly few would dispute the value for frail older people of remaining in familiar and friendly environments. Yet what is not always readily apparent in discussions of community care is who actually does the work involved.

Community care as a concept assumes a mix of formal and informal care systems. Yet in practice this mix is often weighted unevenly towards services provided by the informal sector, i.e. by families, neighbours and friends. It is now commonly accepted that, in reality, the major provider of informal care is the family and within the family, care is given predominantly by women. (Kinnear and Graycar, 1982; Nissel and Bonnerjea, 1982; Carter, 1981; Finch and Groves, 1980). Thus, practice bears little resemblance to the rhetoric of community care.

Cass' arguments cited earlier, that recessionary periods are characterised by reductions in collective provision for dependent populations, explain this tendency.

This seems even more true upon examination of some examples of the rhetoric concerning families and their responsibilities, for example in the following:

> "The family is a place where we can care for each other; where we feel our responsibilities for each other, where we practice consideration for each other. Caring families are the basis of a society that cares". (Quoted in Finch & Groves 1980 : 497).

As a means of legitimating the reduction in state welfare and social services in particular there is increasing pressure to devolve responsibility for care of dependent populations from the state to the family. (Moroney, 1976).

A statement in 1980 by Senator Chaney, then Minister for Social Security, further illustrates the moral pressure on families to provide increasing levels of care:

> "To say that my personal preference would be to see a higher level of personal independence and family interdependence is perhaps to express a hopeful view. There will be those in the community who will maintain this kind of pattern, with young people living at home and receiving support from their families, with husbands and wives recognising their obligations of mutual support, with families committing themselves to the care of their aged members and parents accepting their primary responsibility for the care of their own children. But all the indications are that, as a society, we are slipping away from this. I do not welcome this. In a personal sense, I have no wish to be part of it. But I see it happening around me, and I think that it is this that presents the continuing challenge in the area of welfare".
>
> (Senator Chaney, 1983 : 4-5).

Approaches to Community Care

Since 1975 eight Commonwealth reports have examined programmes for elderly people; all have recommended that a more comprehensive community care programme was required rather than often inappropriate placement in institutions. Over the last two decades there has been a growing awareness of the personal and social costs associated with institutional care as well as increasing concern over its mounting financial costs (Kinnear and Graycar, 1982). This awareness has formed the basis for recommendations of "deinstitutionalization" of many groups including the elderly. The latest report on the vexed question of social care for dependent groups, the McLeay Report (1982) recommends restraints on the growth of nursing home beds, and instead, the generation of community care programmes such as domiciliary care services, day care centres and respite care. The recommended Office of Aged Care was viewed as a further means of ensuring an emphasis on community, as distinct from institutional, care.

Despite pronouncements of a commitment to community care both here and in Britain, there has been little change in the direction of resource allocation. Regardless of its desirability, the costs entailed

in widespread provision of domiciliary services mean that the state has opted for less costly forms of care. Hence heavy emphasis is placed on the role of the informal sector and within that, the role of families.

Yet this process is occurring at a time when other important social and economic changes would suggest that the family may not be able to take on an additional caring role. Smaller family size means fewer children as potential carers. There is also an increasing trend towards one-parent families and families where both partners are engaged in full or part-time work. Increased female labour force participation (especially of married women) creates some concern that those traditionally entrusted with the caring role may not be home to fulfil that role. Those providing care are predominantly females in the 45-54 age group; however their labour force participation rate has increased by one third in the last 16 years. It should be noted that much of this employment is part-time and that many women tend to resign if the need for caregiving arises. In our study one quarter of the carers had given up paid jobs specifically in order to look after their relatives.

There is also some concern about family attitudes or their willingness to provide care. Sentiments such as those illustrated in Senator Chaney's statement (p.4) suggest that families are abrogating their caring responsibilities.

Arguments of this nature prompted one British researcher to undertake a comprehensive study to assess whether the state was assuming more responsibility and the family less in caring for disabled, young and frail elderly dependents. Moroney concluded that families are "continuing to provide care and there is no evidence that families are actually transferring the caring function to the state or that they are becoming less viable social institutions" (Moroney, 1976: 136).

The Reality of Community Care

Similarly, our study found overwhelming evidence that not only are families continuing to provide care for their elderly relatives, they are doing so often at enormous personal costs to themselves

These costs are often particularly marked for women who, it must be emphasised, form the bulk of carers. In our survey, for instance, in all but ten cases women were the primary or the sole care-givers. The circumstances in which they provide assistance to elderly relatives, in addition to the physical and psychological effects, also serve to increase their dependency within the family. Gender divisions in our society have contributed to a cleavage between paid and unpaid work with, typically, men predominantly in paid employment. The fact that many female carers are co-erced into leaving paid jobs or else are prevented from seeking them reinforces their economic dependence either on a male breadwinner or on the state - or, very occasionally on their 'dependent' relative. Thus family care as a policy for the support of sick or frail people causes effects similar to those of the tax/transfer system with its emphasis on the spouse rebate. Such policies have an ideological as well as economic impact, stressing as they do the 'proper' roles of the family in providing for its disadvantaged members, and of individuals within the family. (Cass, Keens and Moller, 1981; Edwards, 1981).

Recent research, particularly in Britain, on the experience of community care has also focused on the detrimental effects of such policies on carers, the large majority of whom are women. Studies by the UK Equal Opportunities Commission document the immense personal hardship of those caring for sick and disabled relatives: emotional and mental stress, curtailment of social and economic activity, and sheer physical effort (1981). Another small-scale, but detailed study of women caring for elderly relatives found similar effects; the authors further costed the care provided (i.e. jobs forgone, the cost of equivalent services in other sectors). At an average of £8,500 pa in 1981, it can be seen that community care is not really 'cheap' at all (Nissel and Bonnerjea, 1982). A more recent study in the North East of England reports familiar consequences for social, emotional and physical aspects of carers' lives. Moreover, it notes that more women (in this locality) were responsible for sick or frail people unable to live alone, than were responsible for children under 16 (Briggs, 1983). This has critical implications for both discussion and the practice of family policies, thus far largely concentrated on families with children.

In Australia, as noted, the political and administrative thrust towards family care echoes that of the UK and Northern America.

The Social Welfare Research Centre's study of families caring for elderly relatives confirms much of the literature from other western countries. In brief we found that families - or, in the majority of cases, particular individuals within families - were providing substantial support and assistance to their older relatives often at considerable cost to themselves. We found evidence of carers forgoing employment, social life, harmony within their immediate families and time to themselves in addition to their incurring more tangible financial costs.

Certainly many families find satisfaction and comfort in these arrangements, as do the relatives they are caring for. However, we found that many families also endured great hardships, tensions and frustrations as a result of their care-giving activities. Yet, many politicians and policy makers cast their blessing on such arrangements.

SWRC's Family Care Study

The study investigated just one aspect of ageing but one that is very important in political as well as social terms. In looking at families caring for elderly relatives in the same household, we recognise that we have ignored a number of other crucial types of community care. Clearly many older people are fit and independent, and need little support. Amongst others the most prevalent form of help received by elderly people is from their spouses. However, far greater proportions of elderly men have spouses than do elderly women.

In other cases families or individual relatives provide help and support from a distance, that is, without living in the same household. Of more concern are those elderly people living alone with little or no ready sources of support. Approximately one quarter of the elderly population live alone and of these a number suffer health problems or disability with which, however, they receive little assistance.

The study consisted of detailed, structured interviews with 158 people who were, or who had been, caring for elderly relatives in the same household, in Hobart (35 cases), Sydney (68) and Adelaide (55). The 158 carers ranged in age from 25 to 75 with a mean age of 53; 10 of them were male; 50 of them lived alone with the elderly person while the remainder with a variety of their family and household members; 19 reported having another elderly or infirm person to look after at the same time. All carers came from English-speaking backgrounds. Forty of the carers had recently given up their caring role, though not necessarily given up caring, and their relatives had moved to institutions; we refer to these people as 'past carers'.

The carers' elderly relatives were aged between 60 and 102 (mean age was 84); some were relatively agile while others were extremely disabled, suffering from multiple health problems, and were very confused or disoriented. We also interviewed 32 of the elderly relatives themselves, using a shorter schedule with several matched questions. We covered several features of family care, including housing, income, employment and support received from formal services and informally, as well as more subjective aspects. In this paper we deal mainly with the experience of caring, the carer's quality of life, and the burdens and rewards of caring for a dependent elderly person. Other results from this study will be published shortly.

Characteristics of Carers and Their Relatives

In many cases the carers had been looking after their relatives for several years; family care of this type can be a long-term process, especially given the disabling and chronic nature of many of the health problems suffered by the elderly people in the sample (60% had arthritis; over a third had suffered strokes; a quarter had circulation trouble and almost 30% had some degree of dementia). About a quarter stated that they had been caring for their relative for 7 years or more; the median time was 4 years. It should be noted that these results are not total length of time spent caring, but only that until the interview. It is also important to stress that some women are involved in a succession of caring responsibilities, ranging from children, through parents to ageing husbands.

Although in about one fifth of cases the carer and her relative had always lived together, the remainder involved a move on the part of one (or in 9 instances, both) of the parties. We asked the respondents why they, or more commonly their elderly relative, moved. The results shown in Table 1 indicate that the reason why family members move back together varies according to the sex of the elderly relative. Thus, the elderly men in the sample were more likely to move in with their children because they had lost a partner or lived alone; conversely, the older women were more likely to move because they needed support or care (probably due to illness or disability). It could be argued then, that some men suffered less from physical or emotional dependence and more from 'domestic' dependence, whereby they moved in order to ease their problems with housework.

In addition to the reasons for joint resident, we also asked carers about their own reaction and that of their relative to the move, as shown in Table 2. Thus carers reported that the majority of those involved were pleased at the time, with carers more likely to express doubts about the arrangement.

In addition to the carers, the elderly relatives were also asked this question. Nearly all said that both they and their relatives were happy about the move. However, matching with their relatives' replies showed that this was not always the case.

The Impact of Long-term Care

By the time the carers were interviewed, sometimes several years after the relative first moved in, the situation had often changed. In some cases the older person's health had deteriorated (as did that of a number of carers) either gradually or as the result of stroke or other crippling diseases; in other cases relatives were no longer able or willing to help with household work. Many carers had gone for several years with no holidays or few outings, and with little or no outside assistance. However willing the carer, any novelty initially attached to caring for a sick or frail elderly relative soon wore off.

We attempted to discover some of the cumulative effects of long-term care on different aspects of the carers' quality of life. Three quarters of the carers reported the loss of independence as a result of their caring

responsibilities, as shown in Table 3. Similarly, over three-fifths experienced at least some difficulties with tension or family disruption, and substantial minorities reported difficulties in other aspects of life in their immediate families. Relatively few carers mentioned problems due to direct financial costs.

We also found that a majority had also noticed a change for the worse in the following areas: time for leisure; the ability to get housework done; their own health and physical stamina; their ability to relax and sleep through the night and their general emotional state - many mentioned feelings of depression or anxiety as a result of the responsibility of caring for their relatives.

Illness and disability were not confined to the elderly relatives. Over half (84 out of 157) the carers reported having some health problem. This was even more marked amongst women carers and those in households solely reliant on pensions and social security benefits (typically retired carers, more prone to ill health).

The carers' more subjective reactions were shown in their description of the good and bad aspects of caring included in Tables 4a and 4b.

The second table demonstrates the frequency with which carers noted the physical and mental hardships involved in caring for a dependent older person and the lack of opportunity to spend time as they would wish. Interestingly the elderly relatives interviewed answered these questions very differently : all but two said that there was nothing bad about the family care situation (these two mentioned loss of their independence). All the elderly relatives stressed the good aspects of caring, either in terms of what they had done for them or of family harmony.

If we look closer at some of the other aspects of carers' lives, we can better understand the problems many of them encounter and the frustrations that are a frequent feature of family care.

A sense of unrelieved, lone responsibility no doubt contributed to carers' feelings of stress and anxiety. The vast majority (64 out of the 70 who were asked this question) said that they had prime responsibility

for their elderly relatives. Some noted resentment about "being lumbered" with caring for their ageing relative, "deserted" by brothers and sisters with excuses why they couldn't help out, and neglected by health and welfare services. One carer remarked on her distress when her constant attentions were received with criticism or indifference by her mother while her siblings' rare and fleeting visits were a source of delight and praise.

Carers were asked about the assistance they received from family and friends in looking after their relatives. Amongst married carers, most said their spouses were supportive about the situation and many reported specific types of assistance that their spouse provided (though the most frequent response was "occasional assistance" only). Similar patterns existed for carers with either children or other adults present in the household. Of carers with children living elsewhere, most reported that the children were supportive towards their caring role. However, fewer than half reported that their children did anything specifically to help with the tasks involved.

We then asked carers if they received any help or support from people outside the household (other than health/welfare professionals). Just over half (84 out of 154) received help from other sources, with slightly higher proportions amongst past carers and for women. The most frequent source of informal support was other relatives, although several carers mentioned neighbours, friends and the local church. The vast majority of these helpers were women.

Analysing the details of such informal care, we found that much help was ad hoc or occasional; only 32 (or one fifth of all helpers) came more than once a week. Similarly by far the most frequent type of support listed was visiting, rather than more specific assistance. Only a handful helped with caring/nursing tasks or housework, although a number provided "breaks in care". This informal support from friends and relatives, although important from a social or emotional viewpoint, provided relatively little practical or regular assistance. Only one fifth of the carers felt that another relative might take the elderly person if they (the carer) were no longer able to continue caring.

A substantial number of carers (43%) reported that they would have liked more (or indeed some) help which they currently did not receive. This suggests that informal sources of support are not sufficient. The breakdown of responses is shown in Table 5. It is interesting to note the relatively high proportions of past carers desiring more assistance in this area. The expressed need for more informal support may well have contributed to the family, or individual carer, exhausting their capacity to care.

The most frequently mentioned form of assistance required, for both past and present carers, was short breaks in care. Indeed, one factor which emerged throughout this study was the need for someone to stay with the elderly relative at home for short periods, enabling the carer to go out for shopping or other purposes; many other carers expressed a need for "someone to talk to". Mostly carers felt they did not get such support because they didn't know who to ask.

Table 6 lists the major social services available to elderly people and those who care for them, and illustrates carers' knowledge and use of the individual services. As shown, an alarming number of carers had never heard of many of the services available; no single service was known to all respondents.

The implications of this table are fairly clear: the most frequent response on all but one service was that carers had "never heard of it". There is thus substantial scope for much wider propagation of information about those services available for people caring for dependent elderly people. This could be done through those services which are already used, community facilities and through health and welfare professionals including local doctors given their frequent contact with elderly people.

However, this list of services is not exhaustive and merely reflects what was available in some of the areas in which respondents lived. Relatively high numbers of responses in columns 2 and 7 (of Table 6) illustrate that some services, such as meals on wheels, are not viewed as particularly relevant by those caring at home. When asked about which services which they would have used if available locally, respondents

includes "granny sitting" and home visiting, followed by respite care and home chiropody. This confirms what was found elsewhere in the study, that what carers needed most of all was not assistance with nursing tasks, or even housework, but support in their role as full-time long-term carers. As shown in Table 7, on how caring could be made easier, the most frequent responses fell into two main areas. These were (a) advice/counselling/ support services, someone to talk to either when caring tasks began or at a later date; and (b) various forms of relief care. Thus many carers felt an acute need for someone to sit briefly with their relative. If such a service were provided on a regular basis, with consistent personnel it would prove a great resource to the carer and a potential source of contact and friendship for the elderly people concerned.

Implications for Family Policy

This paper has dealt with the experience of caring for elderly relatives largely in terms of the support that is and is not available to help carers. However other aspects of the caring experience are clearly related, and policies aimed at improving the support available to carers are likely to assist them in other areas. For instance, only about two fifths of carers took a holiday annually. Yet they might be more inclined to take some time off if regular and reliable respite care - preferably in their own home - were available, perhaps provided by someone already known to both carer and caree through a short-term caring service. Access to holidays is also related to household income. Thus, moves to increase benefits available to carers and/or improve the opportunities for part-time and flexible employment would also help carers to take an occasional break.

If the aim of community care is to encourage and facilitate family care of frail and disabled people, then it is essential that families have time off to give them the strength they need to continue caring. The carers' responses to questions on ways of easing the burden of full-time home-based care (shown in Table 7) provide a useful guide for those concerned with community care policies.

When asked about existing social services, carers were most likely to state that they would have used "granny sitting" and home visiting services if they were available locally, in preference to the (more widely available)

home nursing and home aide services. We noted that a number of existing services were poorly utilised by the sample. If this is due to their perceived inappropriateness, then there is a clear need for reassessment of what is actually provided. This is not to advocate abandoning such services; some which seem superfluous to carers may well be essential for elderly people living alone. On the other hand, if services are not used because potential carers are unaware of their existence, then efforts must be focussed on better dissemination of information of what is available, who is eligible and how to obtain them.

However, it is crucial to look further than existing facilities, to more imaginative service provision for carers. The data show that some of the most frequently voiced needs are for services which are currently either unavailable, or only on a very limited and localised basis. We have already discussed the widespread need expressed both for advice services or carers' associations, and for more widespread and sensitive provision of relief care. Both these facilities would considerably ease the psychological and emotional strains experienced by many carers. Feelings of anxiety, guilt or depression could well be lessened by the knowledge that other people are sharing the experience, and that someone else is available to relieve the caring tasks.

Only a small number of carers expressed a need for financial support in caring for their relatives, despite the fact that many were involved in considerable capital and running costs as a result of their caring tasks, e.g. for house alterations, aides, appliances as well as the costs of an extra household member. There was clearly some reluctance to suggest that caring involved a financial dimension. This was also evident in the questions on access to benefits, especially the Domiciliary Nursing Care Benefit (DNCB): at least one carer stated that she didn't wish to be paid for looking after her mother. This is clearly a sensitive area. However, in other instances, several carers who were eligible were not receiving DNCB because they had not heard of it. As with access to and information on existing services, there is certainly scope for improving people's awareness of DNCB as well as for removing any stigma attached to receiving it.

The level of benefit is a further issue for debate. Given that receipt of DNCB is tied to fairly strict eligibility criteria in terms of the caree's dependency, caring is thus expected to be a full-time task (indeed, employed carers are not eligible). Our findings showed that the households with the lowest incomes were those where the carer was either retired or had given up work in order to care. For these carers in particular, it is unrealistic to expect that $42 per fortnight will cover the additional financial costs entailed.

The paltry level of related benefits is a prime illustration of the wider approach to 'the community' as a resource of caring for the old and the disabled. As noted earlier hospitals and other institutions are far more expensive than home-based care as well as often unnecessary. Thus, at least part of the popularity of community care, from a political viewpoint, is due to its cheapness.

It must be stressed that the reason community care appears cheap is because full account is not taken of all the costs involved. Public expenditure remains relatively small, covering only domiciliary services and the low-level benefits received by only a fraction of carers. It does not recognise the expenditure incurred by caring families and individuals. There is little currently available to re-imburse the financial and opportunity costs of providing care at home; there is nothing beyond a rhetorical pat-on-the-back to compensate for the enormous input in social, emotional and even health terms. While not solving all the problems that carers experience, a level of carers' benefit which resembles payment for a full-time responsible task would show some acknowledgement of their efforts and an appreciation that without their contribution there would be many more older people in need of alternative care and attention.

So far we have discussed some of the implications of our study in terms of social service and income security policies. However, a serious commitment to community care would involve recognition in other policy areas of the needs of carers and, ideally, co-ordination between a range of governments, departments and voluntary organisations. Elderly people and the relatives who care for them are, for instance, affected by policies on public transport or in education. We have already mentioned the

importance of employment policies, including better opportunities and more flexible work-times for those with caring responsibilities. Housing issues are critical here too, both in the narrow sense of public sector tenants who are caring for older family members and may need to adapt or alter their housing to facilitate care, and in the broader provision of alternative forms of housing. Throughout out study we were aware of the grave shortage of alternatives open to elderly people and their families: in many instances they were forced to choose between moving in with family or into an (often inappropriate) institution. Simple adaptations to an elderly person's home can then promote independent living; in other cases, housing with some support and supervision available would be far preferable to sharing with relatives. Similarly health policies are vital to the whole area of family care, as demonstrated by the effects over-hasty discharges from hospital, the need for training carers in the tasks necessary to help their relatives and the necessity of flexible relief care.

These are just some of the areas where policies could be developed to assist people caring for sick or disabled relatives. We have shown that 'family policies' not only affect people with young children, but also those with other (or additional) responsibilities. The current emphasis on care in the community as an explicit policy seems to have occurred, at best, in ignorance of the widespread existence of family care and the implications for the people involved. At worst the thrust towards community care is made in spite of the pressures which exist for Australia's many carers. Their task is far from easy as our study has shown. These findings to be written up in an extended report will assist in the development of more flexible and humane policies, sensitive to the needs of both elderly people and those who care for them.

TABLE 1

REASONS FOR CARERS AND THEIR RELATIVES MOVING IN TOGETHER

% of carers mentioning each reason

Reason*	Elderly relative Male N = 28	Elderly relative Female N = 86	All elderly relatives N = 114**
Loss of spouse	35.7	31.4	32.5
Needing some care and/or supervision	17.9	36.5	31.9
Totally dependent	3.6	18.8	15.0
Living alone and needing company	32.1	18.8	22.1
No one else available to care	39.3	37.6	38.1

* multiple responses

** only 114 out of 158 carers reported that their they or their elderly relative moved house.

TABLE 2

CARERS' ASSESSMENTS OF REACTIONS
TO MOVES INTO JOINT RESIDENCE

	carer moved in with elderly relative N = 16	elderly relative moved in with carer N = 98	All moves N = 114	% of all moves
a) Carer's reaction				
Happy/my choice	7	60	67	58.5
Happy/really no choice	3	11	14	12.2
Not happy	6	27	33	28.9
b) Elderly relative's reaction (carer's report)				
Happy/his/her choice	7	63	70	61.4
Happy/really no choice	6	18	24	21.1
Not happy	2	16	18	15.8
No reply	1	1	2	1.7

TABLE 3

EFFECTS OF CARING FOR AN ELDERLY RELATIVE

% OF CARERS EXPERIENCING MANY, SOME OR NO DIFFICULTIES WITH THE FOLLOWING

	Many Difficulties	Some Difficulties	No Difficulties	Not Applicable
Loss of independence for carer (N = 153)*	54.9	20.3	24.8	-
Loss of privacy/intimacy in immediate family (N = 148)	31.1	16.2	49.3	3.4
Tension/disruption of family life (N = 149)	40.9	20.1	36.9	2.0
Carer forced to neglect other family commitments (N = 149)	15.4	12.8	64.4	1.3
Financial costs (N = 148)	10.8	5.4	78.4	5.4

* not all carers replied to all sections of this question.

TABLE 4a

GOOD ASPECTS OF CARING

% of carers* mentioning each item N = 155

Satisfaction in caring	34.8
Greater family unity	12.3
It is a family's responsibility	3.2
Repaying past help/kindness	21.3
Companionship	25.2
Help with housework, etc.	2.6
Relative not in nursing home	10.3
Nothing good	23.9
Other	1.9

* multiple responses

TABLE 4b

BAD ASPECTS OF CARING

% of carers*mentioning each item N = 155

Upset at relative's condition	14.3
Mental strain/anxiety	42.9
Physical stress	11.0
Housebound/no time to self	45.5
Lack of assistance	3.2
Interference with other family responsibilities	20.1
Extended family tension	7.1
Nothing bad	20.8
Other	1.3

* multiple responses

TABLE 5

THE NEED FOR INFORMAL SUPPORT

% of carers wanting or not wanting (more) informal support

	Wanted informal support	Didn't want informal support
Past carers (N = 38)	57.9	42.1
Present carers (N = 90)	36.7	63.3
Male carers (N = 10)	30.0	70.0
Female carers (N = 118)	44.1	55.9
All respondents (N = 128)*	43.0	57.0

*not all carers answered this question

TABLE 6

USE AND KNOWLEDGE OF SERVICES AVAILABLE TO HOME CARERS

	(Code: see below)						
	1	2	3	4	5	6	7
1. Voluntary Cleaning	1	19	1	11	0	118	6
2. Linen or Laundry Services	3	13	1	4	0	130	5
3. Home Help	9	40	3	25	0	64	15
4. Shopping or Delivery Services	0	12	2	8	0	123	11
5. Home Visiting Service	10	22	2	15	0	101	6
6. Day Care Centres	49	44	1	12	0	43	7
7. Respite Beds	24	44	1	9	0	73	5
8. Home Nursing	101	26	0	4	0	19	8
9. Home Chiropody Service	19	21	1	10	0	100	4
10. Meals-on-Wheels	11	76	2	19	0	32	17
11. Occupational Therapy	0	7	0	3	0	130	12
12. Grannysitting Service	2	9	1	13	1	120	9
13. Physiotherapy	5	11	0	2	0	99	9

Code

1 = Used
2 = Yes, heard of and available
3 = Heard of but not available
4 = Heard of, but don't know if available
5 = Applied but refused
6 = Never heard of service
7 = Heard of, but not applicable

TABLE 7

HOW COULD LIFE BE MADE EASIER FOR CARERS?

Numbers of carers mentioning each aspect
(multiple responses)

	Past Carers N = 40	Present Carers N = 111	All Respondents N = 151
Advice/counselling when caring begins	10	11	21
Someone to talk to	1	9	10
Visiting service	7	11	18
Short term relief care	11	31	42
Holiday relief care	2	23	25
Alternative/self-contained accommodation	3	3	6
Financial assistance	4	2	6
Nursing assistance	4	4	8
Housework/home help	7	6	13
More family support	1	5	6
Transport services	1	2	3
Day care	1	1	2
More accessible nursing homes	3	3	6
General assistance from services	2	2	4
Nothing needed	4	25	29
Nothing can help, no shortcuts	3	7	10
Other	-	8	8

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'I don't need more help — at the moment' Orientations of the frail aged toward planning for future custodial care*

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This paper is about older people's attitudes toward planning for the contingency of enforced future dependence. The study involves a small selection of men and women of advanced years — all of whom claim to need no more help — 'at the moment', yet all of whom are anticipating a time when, increasingly, they will have to rely on substantial personal care from others. The research aims to explore the strategies older people use to confront the fact of growing frailty, and the part families play in shaping the kinds of support older people say they prefer when they can no longer manage on their own.

Study design

The research tool was life stories collected from 23 people at least 75 years of age — the very old(Kammerman, 1976:529-537) — who, though physically frail, were still looking after themselves. Data were collected from in-depth,qualitative interviews conducted in Sydney during April to July 1982. Respondents, all of whom lived outside institutions had been interviewed some five months in a survey of 1050 people 60 years of age and over conducted by

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the Ageing and the Family Project, Australian National University. The earlier survey had already gathered extensive information about personal characteristics, self-reported health, living arrangements, and social support. My task was to return and talk to a small number among the oldest people in this larger sample to try to understand from another perspective their family circumstances and feelings about growing old. This was achieved by meeting them face to face and getting them to reconstruct the past and describe the present in their own terms. To integrate the second visit with the first, a separate interview guide was prepared for each person. However, respondents were encouraged to set their own pace, and also encouraged to focus on events that were most significant to them(Loftland, 1971; Bertaux, 1981:38-39).

A major purpose of the follow-up study was to illustrate — with individual life stories — the wide diversity of situations and perspectives found among the aged sampled earlier in Sydney. To draw respondents from the larger survey, I used a purposive sampling frame, selecting men and women 75 years and over, matched - so far as possible - on a wide range of living arrangements and conditions of self-reported health. Table 1 shows the framework used to select people for reinterview. Locating people in Sydney to fill certain of the cells in Table 1 proved very difficult(Rowland, Kendig and Jones, 1982).

TABLE 1 here

The lower longevity among men as compared with women meant that in this very old age group there were substantially fewer men to choose from. As well, men without spouses are more likely to end up in nursing homes and less likely to be found living with

children (Rowland, 1982). The number in the follow-up study was 23 instead of 24 because I was unable to locate a second man living with family to match the two women I managed to contact living in this arrangement. A profile of selected attributes of the people reinterviewed is presented in Table 2.

TABLE 2 here

The main way in which the attributes of this smaller group differ from those of respondents at least 75 years of age in the larger survey is in the somewhat larger proportion who were living alone. This loading was intentional. I particularly wanted to talk to people living on their own on the assumption that, among the very old, these would be the ones most vulnerable to loneliness and social isolation (Rowland, 1982).

The limitations of the very old build with the passage of time. Hence, understanding older people's circumstances and special needs requires specific attention to the time dimension (Job, 1983:369; Day, 1983). The study described here incorporates a time dimension in two respects: the second interview took place five to six months after the first, and in the second interview respondents presented their experiences within the framework of a life span approach (Bertaux, 1981). They were asked to recall life events and family relations beginning with childhood and moving through young adulthood and middle life into the present time. Finally, they were asked to anticipate the future by describing the kinds of arrangements they would prefer for their future care.

Research questions

At the most general level, the study concerns people's control

over their life circumstances at a time when their personal and social resources are seriously dwindling(Pollitt, 1977:140-164; Kendig, Taietz & Gibson, 1980). The basic research question is: what happens when older people can no longer manage on their own? Person after person in these interviews testified that the change in status from looking after oneself to having to receive help from others is — in many ways - the most crucial transition a person of any age can make:

> ..if you get people doing things for you, you finish up in a rut .. sort of drop your bundle. If you are doing things for yourself, well, it helps your morale.

For persons of advanced age, the passage from self-help to having to rely on others is particularly critical(Glaser and Strauss, 1971: 15). Both they and those responsible for their care see the drift into greater dependency as irreversible. The people I talked to interpreted this drift as a loss of control and a major threat to their personal identity and definition of self-worth:

> I've decided that as long as I can manage here on my own I'll stay here. If I get to the stage where I can't manage for myself, well, that's the end of me .. full stop.

Given the import of this transition, the conduct of negotiations surrounding arrangements for older people's support is vital to assessing the strengths and shortcomings of our systems of caring for the aged. The study described here explores a typically overlooked aspect of these negotiations, namely, the orientations of older people themselves: how do they view the various alternatives for the provision of custodial care, how do past experiences influence current preferences, and what strategies do older people use to obtain the kind of support they want when the resources they

bring to the bargaining process are becoming more limited as time goes by(Gibson, 1983, forthcoming).

In framing the questions in this way, I am following the symbolic interactionist or interpretative tradition of sociological research(Rabinow and Sullivan, 1971:7-21). Research in this tradition focusses on subjective meanings of social life, and on ways in which 'individuals seek to gain control or mastery over their situations, relationships, and institutions(Marshall, 1980:52). Since this study seeks to understand older people's struggle to be masters of their fate at a time when their power to determine themselves is on the wane, the central concepts of meaning and control seem particularly germane. These, in combination with Goffman's theories(1963) of the relation between control and personal and social identity form the main theoretical bases for the analysis of life review material in this paper.

Constructing a typology

The core of the analysis is the construction of a typology to illustrate major orientations of the aged toward contingency planning. The Ageing and the Family Project survey had collected information about older people's attitudes toward four main categories of care arrangements: stay at home with outside help, move in with children, move to a home for the aged, or move to a nursing home. The earlier survey also included questions to relate the sources older people applied to for help with the type or seriousness of the problem for which they required assistance, such as, where would you turn if you needed financial advice, if you were ill in bed for a week,

ill in bed for a month? Material of this kind from the larger survey and data from the life stories were pooled to construct the typology.

The qualitative interviews culminated in my asking the old people if they had thought about what they would do in the event that they could no longer look after themselves. In a sense, the entire interview was a preparation for confronting this issue. As mentioned earlier, a majority of the 23 were still largely independent, managing on their own without extensive support with daily activities from family or outside sources. This does not mean, however, that among them there were no exchanges of help. Two men with severe physical disabilities required assistance to remain at home: one, never married, had help with shopping from his three nephews, the other, a childless widower, had Meals on Wheels coming five days a week. Two were living with a middle-aged daughter, and were the beneficiaries of her services as cook and housekeeper for the household. Three others, who were somewhat limited in getting about, relied on help with shopping and lifts from a spouse, friends or neighbors. In addition, three were themselves providing extensive personal care to an ailing spouse. However, regardless of their current level of capacity to manage, none felt comfortable about contemplating the possibility of needing future custodial care. Asking them to look ahead stirred the embers of their fears, and obliged them to address the reality that ageing is an 'inevitable status passage'(Glaser and Strauss, 1971: 15) from which the only exit is death(Marshall, 1980:56):

AD Have you talked to your son or members of your family about planning ahead for the future?

Mr Sherman What future? .. I'll be 77 next birthday so it's a matter of time — whether I live to 82 or 84 or

> 90 — I'll be old that's one thing and you can't escape that.

Orientations toward contingency planning

How then do older people come to terms with what social historian, Ronald Blythe(1979:20), has called 'the quandary of a slow motion departure'? I have conceptualized the attitudes of the old people I talked to as a continuum of orientations toward planning for their own care. These range from the belief that it is desirable to make preparations for the kind of care one wants — to the belief that it is unnecessary to make such preparations because — 'when the time comes' — one will be looked after by one's family, anyway.

TABLE 3 here

At one pole are the 'Planners', people who had talked with their families and/or made independent arrangements to have themselves looked after when they could no longer manage on their own. At the other, are the 'Counters on Family Support', those who had made no plans because they expected their families to take over and make arrangements for them when custodial care was clearly indicated. The largest number fall into a position in between these two, that is , between those who believe in planning a a means of establishing some sort of control, and those who believe simply in letting others look after them. I have classified this middle group into two types: the 'Procrastinators', people who thought making plans was desirable but had postponed taking any kind of steps in that direction, and the 'Fatalists', those who believed that trying to take control was

tempting fate.

In some ways, reducing the rich material from the qualitative interviews to a few general categories defeats a major purpose of this follow-up study, namely, to illustrate the wide diversity among the aged population. However, constructing such a model seems legitimate if only to offer policy makers and service providers fresh insights to assess the needs of older people within a framework of their own interpretation of their circumstances. The typology is not intended as a paradigm of all possible views (Hirshman, 1979: 163-179), but to describe patterns I discerned in what the old people said themselves. The following section outlines the major orientations and examines aspects of the respondents' lives that might account for their personal views. Particular attention is given to family structure and relations with kin. Whatever arrangements older people say they prefer, the fact is that the bulk of support for the aged living in the community — even for those with extensive physical limitations (Kendig et al., forthcoming, 1983) — is provided by families, and typically by a female relative (Kinnear and Graycar, 1982). Only about 5 per cent of severely handicapped persons aged 60 years or more are cared for in an institutional setting (Rowland, 1983:1).

The 'Planners'

Mrs Ellis
Mrs Smart
Mrs Williams
Mr Gregory
Mr McMahon

The "Planners" were all people living alone. All owned the house or unit they were living in and all had sufficient economic

resources to live comfortably without stinting themselves. Though they had experienced hard times as young adults during the depression, all came from fairly well off, middle class backgrounds (Moen, 1978:293-303). They are distinguished chiefly by two characteristics: by the fact that they had made an independent decision about arrangements for their future care, and by the fact that they were not ambivalent about the type of care they wanted.

Within this broad classification a variety of situations are represented. Four of the five had made plans to go into a hostel or nursing home. This was not because they had no relatives from whom they could claim support. On the contrary, Mrs Smart had a large close family network: three daughters and two sons living near by. The distinguishing feature was that all four had unequivocably ruled out relying on children when the time came that they needed more personal care. Their reasons were varied and included: having no children or close kin to turn to (Mrs Williams), having children whom for a number of reasons they considered were not available (Mrs Ellis and Mr McMahon both had sons whom they described as taken up with their own affairs), or feeling strongly that the three-generation household just did not work (Mrs Smart). Rejection of custodial care from family did not, however, appear related to the quality of past bonds with children. In fact, it seemed that those who were closest to their children, and placed most value on the parent-child relationship, were often the ones most reluctant to put that relationship to the test by living under one roof.

Though classified with the 'Planners', Mr Gregory

had a somewhat different profile. Rather than anticipating moving into an institution he had made plans to move into an extension on his son and daughter-in-law's house. With their consent, he was preparing to sell his unit and use the proceeds to build and pay for the extension himself. He is grouped with the 'Planners' because he made this decision while he was still fully capable of looking after himself, not as a response to deteriorating health and the need for more personal care. He spoke of the plan as enabling him to live nearer his family, but still preserve his autonomy. He said he intended to have his own car and to come and go freely without having to account for his movements.

Mr Gregory illustrates that the various positions on the continuum of orientations may, in fact, represent different stages in the 'career' of becoming a dependent person. Had I interviewed Mr Gregory at a later time — e.g., after he had already moved into his extension, and possibly had suffered a setback in his health, he might have presented as a 'Counter on Family Support" rather than as a 'Planner'.

The 'Procrastinators'

Mrs Andrews	Mr Fielding
Mrs Lindsay	Mr Forbes
	Mr Graham
	Mr Henderson
	Mr O'Leary

The 'Procrastinators' were all people in frail health who knew that it would be wise for them to make contingency plans, who were aware of various serivces for the aged, but had not moved to adopt any of the possible alternatives. They preferred —

'at the moment' -- to hold out and wait and see. Rather than go to their families or to an institution, they said they would use services at home, if necessary. Their economic backgrounds ranged from being very well off to getting along on quite a modest income. Two were living in Housing Commission flats; the otherr owned their house or unit.

As was true of the 'Planners', the'Procrastinators' represented a variety of living arrangements and family situations. Among the five men, three were living alone -- two without close family support, one with strong family attac hments, but like Mrs Smart, with equally strong objections to imposing himself on 'the youngsters', and quite a positive view of institutions for the aged. A fourth man had a younger wife who was looking after him, but no potential support from children. He had married late, had no children of his own, and did not get along with his step son. The fifth man was living with a daughter, but felt that because of deteriorating health and a past history of indifferent personal relations, he was losing her good will. She was busy running her own retail business, and Mr Henderson thought that he was becoming an intolerable burden to her.

The two women in this category of 'Procrastinators' each had no daughter, and felt that their sons were not available to provide personal care. In Mrs Andrew's case, one of her two sons was divorced, the other was empolyed overseas. Mrs Lindsay had married in her early 40s and her only son's children were still very young. Though her son's wife helped with shopping, Mrs Lindsay did not feel close enough to her daughter-in-law to break the barriers of

pride and ask for help with more intimate personal needs. In addition, both these women had negative associations with institutions for the aged.

In short, these are all people who eschewed making contingency plans for custodial care because they were ambivalent about the main alternatives: move in with children or go to an institution fpr the aged. Since neither alternative presented a clear choice, they were reluctant to make a move in the direction of either.

The 'Fatalists'

Mrs Parsons	Mr Grant
Mrs Perkins	Mr Sherman
	Mr Skinner

The 'Fatalists' like the 'Procrastinators' did not believe in planning ahead, but their reasons for avoiding commitment to a line of action were at once vaguer and more decisive. They seemed to fear becoming involved in the planning process because they had no faith in the orderly unfolding of future events:

AD Have you planned ahead to the time when you're older and might not be able to manage on your own?

Mr Sherman No, I don't want to think - I don't want to think about tomorrow — see that's my philosophy - that's today I've got to manage - that's all. I don't want to think ahead because it will never work out. No planning. I just go on from day to day.

The one identifiable feature the two women and three men in this category seem to share is a set of life experiences that made them feel that the future was uncertain, and events were governed by forces beyond their control. At the time of this study, three were in the grip of personal circumstances that prevented them from making plans for themselves. Of these two, Mrs Parsons and Mr Skinner, were

looking after ailing spouses and their first and overwhelming concern was for them. Thinking about contingency plans would have meant anticipating their spouse's death — and this they were not prepared to do. The third had a terminally ill daughter who had been forced virtually to withdraw support from her mother in order to deal with her illness and bringing up two small children. Mrs Perkins was unable to come to terms with this 'family catastrophe', and the magnitude of the blow to her expectations about her daughter's loving support in her old age had deprived her of any faith she might have had in the predictability of the future. Two of the men, Mr Grant and Mr Sherman, were living with wives considerably their juniors, and could not conceive of a time when they would ever need to depend on anyone but their spouse.

None of the 'Fatalists" expressed confidence in their children's availability to provide personal care: Mrs Parsons - because her son and daughter, both unmarried, had long since made their lives overseas, independent of their parents, Mrs Perkins - because her daughter was dying, Mr Grant - because his widowed mother had lived with him for 30 years up to and during the first few years of his marriage, and he said, that was enough to convince him that three-generations households did not work, Mr Sherman - because his son was just getting started on a family of his own, and Mr Skinner - because he had lived apart from his son and daughter before migrating from England to Australia, and felt distanced from them.

In summary, it was clear from their interviews that

these five people were wary of making arrangements for their future care. This was partly because life events had caught up with them in the past, and they had lost faith in the efficacy of action taken to determine one's lot. Aversion to looking ahead also seemed related to the fact that the drift of circumstances had led them away from the habit of exchanging help with their children(Day, 1983). Now that age and the prospect of dependency had overtaken them, they felt uncomfortable about making claims on their children's sense of filial responsibility. As Mrs Perkins remarked:

> The last thing I want to do is to be dependent on my daughter even if she was well. I wouldn't like to be dependent. I think you should be entitled to your full life.....

The"Counters on Family Support"

Mrs Finlayson
Mrs Flemming
Mrs Ford
Mrs Hermann
Mrs Kramer
Mrs Morley

In this last category were those who did not believe it was necessary to make plans because their families would look after them 'when the time comes':

> Well, my daughter says I have to go live with her .. I just take it for granted - you know., the children and my daughter do...

These six women represented a variety of social class positions, ranging from those who had struggled to get along all their lives to those who had always enjoyed financial security and material comfort. Their living arrangements were also diverse, covering the main types included in this follow-up study:living alone, living

with spouse, living with family. However, all except one shared an important aspect of family structure: they had at least one daughter. It was she whom they expected to "undertake the most burdensome and important kinds of care'(Kendig, 1983:5).

Were women who expected to put themselves in the hands of their daughters any different from the others in terms of the extent of past care-giving or the quality of their emotional attachment to their children(Horowitz and Shindelman, 1981)? With the exception of Mrs Ford who, in fact, had separated from her husband during the first year of marriage, placed her son with a foster family, and worked full time in a paid job all her life, the others were all close to their children, and had contributed to them substantially over the years in terms of support in times of crisis, child-minding, and in a few cases financial help. The most prominent forms of reciprocity were sharing the hard work of women's home duties, and the exchange of affection and concern over a lifetime. Mrs Morley is typical of this group:

AD Were you closer to one daughter than to another?

Mrs Morley No, all the same. All five decent girls. They're marvellous. I don't know what I'd do without them. They're marvelous... I could live with them tomorrow if I wanted to...

AD Have they asked you?

Mrs Morley Oh bet you!

'To what do you attribute your long life and good morale?' I asked, Mrs Morley, 83 years-old:

Mrs Morley Hard work and that .. five daughters, I tell you!

AD That's a lot!

Mrs Morley My word. And they never done nothing. I done everything. I didn't believe in them working I had to work when I was young, and I didn't think it was fair. I'd go to work, and I done everything: ironing, washing, everything.

This is not to imply that the exchange of affection and instrumental help was not a feature of the family relationships of those classified in other categories, but that — with the possible exception of Mrs Ford and her son, it was a prominent feature in the backgrounds of the other five. Note, however, that with the exception of Mrs Kramer, who migrated from Germany in her later years and was living in her daughter's home, the others — despite advanced years and children willing (they thought) to take them in — were still living independently of their families, and this 'intimacy at a distance'(Rowland, 1983), 'at the moment' was the arrangement they said they preferred. I asked Mrs Morley if her daughters had pressured her about coming to live with them:

Mrs Morley They want me to sell up and go live with them

AD Why don't you want to do that

Mrs Morley I love my home...I want to do the things I want to do and I can't. And I'm forbidden to do it. My daughters say I'm not to do this, I'm not to do that. I say, get lost, I'm OK

AD They just don't want you to get overtired

Mrs Morley Yes. Don't do this. We'll do it, Mum. I said, it'll be done before you come up.

Despite their determined self-reliance, all in this category had

no doubt that when they could no longer manage their children would look after them. As Mrs Flemming put it:

> My son-in-law used to tell me — when we were talking about entering yourself for different church homes (you know you have to be down for years), and he just looked at me with disdain, and he said, 'Those places are only for people who have no folk'.

The"Counters on Family Support' not only believed that their children would be available to give personal care when needed, but they accepted the appropriateness of this filial obligation. Unlike those in the other three categories, these parents apparently welcomed without shame, fear or ambivalence their children's offers to provide that last ditch custodial care.

Discussion

The situation of old people reflected in this typology illustrates many current themes in studies of the ageing process: the diversity of circumstances and perspectives among the aged, the role of the'modified extended family' in choices about arrangements for future care(Rowland, 1983:2), the importance of residential propinquity to fulfilling the ideal of "intimacy at a distance'(Rowland, 1983:6), gender differences in the provision of different kinds of assistance(Kendig and Rowland, 1983), and the place of family and household structure in setting the basic limits to informal support(Kendig, 1983).

The key findings in this qualitative study of older people's attitudes toward family support are summarized in Table 4.

TABLE 4 here

Table 4 highlights the following points raised in this paper:

1 Many old people are reluctant to ask their children for help — even if they live close by. Too often middle-aged children themselves are struggling with employment, family break up, and keeping a family together. To avoid the possibility of creating further family disorder, old people will often refrain from asking for help they sorely need.

2 Having a child 'available' in a demographic and geographic sense does not necessarily mean that old people will want to rely on them for support, or that exchange of help will flow smoothly between the generations. To assess the adequacy of family resources, we need to dig deeper than counting numbers of children or measuring the distance parents and children live from each other.

3 Those most vulnerable to loss of control because they had least faith that they could influence the course of future events, i.e., the "Procrastinators" and the 'Fatalists", were also those least certain that they could count on their children for support. The source of such uncertainty was by no means always the absence of mutual affection or indifference on the part of the children. Rather it stemmed from an assessment based on past family relations, and the older person's interpretation of his or her children's capacity to assume additional responsibilities. From what the older people reported about their children's circumstances, it appears that often their judgment about being a burden was sound. This implies that professionals and community workers would do well to listen to the aged, and respect their perspectives about how well they and their

will be able to handle the trial of coping with increasing dependency.

4 The majority of the children these old people perceived as 'available' to provide future custodial care were daughters. This is true despite the fact that many in this qualitative study had close bonds with their sons. Given what appears to be a secular decline in family size, this argues not, as some would have it, on producing more girls, but for building up the nurturing roles and care-giving capacities of boys and men.

Conclusion

These qualitative interviews show that whatever the policies adopted to strengthen, reinforce or supplement the support provided old people by their families, these will somehow have to take account of the strains on human relations throughout the life course, the pressures on care-giving in the economic and social climate of modern life, and the sensitivities of older people themselves. Informal support may appear abundantly available, but if it does not intersect with older people's needs and desires — as they interpret them themselves — it will fall short of civilizing the later years of life.

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TABLE 1

Framework of Characteristics Used in Selecting
Persons 75+ Years of Age for Qualitative Interviews

In good health, independent, capable of self-maintenance

- living with spouse
  - 1 male
  - 2 female
- living alone
  - 3 male
  - 4 female

In poor health, dependent, needing help with daily routine

- living with spouse
  - 5 male
  - 6 female
- living alone, but with close family support
  - 7 male
  - 8 female
- living alone without close family support
  - 9 male
  - 10 female
- living with a daughter or son
  - 11 male
  - 12 female

Note: The selection procedure was designed to draw from the larger survey a sufficient number of old people in each of the above cells to allow for wastage in the field, that is, refusals, failure to contact, or change in life situation over the 5-month period (such as from serious illness or institutionalisation) that would preclude making a second call.

TABLE 2

Persons Interviewed, by Sex, Age, Marital Status, Living Arrangements, Condition of Health, and Housing Tenure Status

Men					Women				
Living condition and name*	Age	Marital status	Health	Housing tenure	Living condition and name*	Age	Marital status	Health	Housing tenure
Living alone					Living alone				
Mr Forbes	80	Wid	a	1	Mrs Ellis	84	Wid	b	1
Mr Graham	78	Wid●	a	4	Mrs Flemming	78	Wid	b	1
Mr Gregory	77	Div	a	1	Mrs Ford	89	Div	a	3
Mr McMahon	77	Wid	b	2	Mrs Hermann	75	Wid	a	1
Mr O'Leary	75	Wid●	b	1	Mrs Morley	83	Wid	a	1
					Mrs Smart	83	Wid	b	1
					Mrs Williams	80	Wid●	b	1
Living with spouse					Living with spouse				
Mr Fielding	75	Marr	b	4	Mrs Finlayson	76	Marr	b	1
Mr Grant	77	Marr	a	1	Mrs Lindsay	77	Marr	b	1
Mr Sherman	76	Marr	a	1	Mrs Parsons	82	Marr	a	1
Mr Skinner	79	Marr	a	1	Mrs Perkins	77	Marr	a	1
Living with family					Living with family				
Mr Henderson	81	Wid	b	1	Mrs Andrews	82	Wid	a	1
					Mrs Kramer	82	Wid	b	5

● Childless

* To ensure confidentiality for respondents and their families, all names are fictitious.

Health: (a) good health, capable of self-maintenance
(b) poor health, needs assistance

Housing tenure: (1) owner-occupied
(2) leases from cousin
(3) private renter
(4) Housing Commission flat
(5) lives in daughter's house

TABLE 3

Orientations of Frail Aged toward Contingency Planning*

Belief in the Efficacy of Planning

High ——————————————————————————————— Low

"Planners"	"Procrastinators"	"Fatalists"	"Counters on Family Support"
Believe in the desirability of planning and have taken steps to make the arrangements they want	Believe planning may be desirable but waiting to see what happens	Believe that planning is not practical because life is too unpredictable	Believe that planning is unnecessary because one's family will take care of things
Mrs Ellis	Mrs Andrews	Mrs Parsons	Mrs Finlayson
Mrs Smart	Mrs Lindsay	Mrs Perkins	Mrs Fleming
Mrs Williams			Mrs Ford
			Mrs Hermann
			Mrs Kramer
			Mrs Morley
Mr Gregory	Mr Fielding	Mr Grant	
Mr McMahon	Mr Forbes	Mr Sherman	
	Mr Graham	Mr Skinner	
	Mr Henderson		
	Mr O'Leary		

* To ensure confidentiality for respondents and their families, all names are fictitious.

TABLE 4

Attitudes toward Care, by Availability of Children

Orientation	Preferred care arrangements	No. and gender of children living within 8 kms: daughters	sons	Perceived availability of children
1. "Planners"				
Mrs Ellis	Move into institution		2	Available, but help not wanted
Mrs Smart	"	3	2	"
Mrs Williams	"	nil		—
Mr Gregory	Move in with children		1	Available
Mr [illegible]hon	Move into institution	nil		—
2. "Procrastinators"				
Mrs Andrews	Stay at home with outside help		1	Not available
Mrs Lindsay	"		1	"
Mr Fielding	"	nil		—
Mr Forbes	"	1	1	Available, but help not wanted
Mr Graham	"	nil		—
Mr Henderson	"	1		Uncertain
Mr O'Leary	"	nil		—
3. "Fatalists"				
Mrs Parsons	Stay at home with outside help	nil		—

Table 4 (cont'd)

Mrs Perkins	Stay at home with outside help	1		Not available
Mr Grant	"	1	2	Available, but help not wanted
Mr Sherman	"		1	Uncertain
Mr Skinner	"	1	1	"
4. "Counters on family support"				
Mrs Finlayson	Move in with children	2		Available
Mrs Fleming	"	1		"
Mrs Ford	"		1	"
Mrs Hermann	"	2		"
Mrs Kramer	"	1	1	"
Mrs Morley	"	5		"

Family support networks and use of formal services in Geelong

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Who cares, and at what cost? To what extent, and under what circumstances, do people seek support through informal networks and through formal agencies respectively? Questions and assumptions concerning the relationships between family support networks and state-provided personal social services lie at the heart of many social policy issues, including care for the aged, childcare and arguments for and against 'localism'. In this paper, I propose to examine these questions and assumptions in two stages: first, by considering briefly some conceptual issues which, I shall argue, have not been clarified adequately in research and debates on social support; second, by presenting some findings from the Institute of Family Studies' survey of family support networks in Geelong, Victoria.

Perspectives, models and issues

For analytical purposes, the various care-giving institutions can be thought of as falling into one of two sectors: formal and informal. The formal sector encompasses services provided, funded and/or mandated by the state (Froland, 1980). It includes both statutory services and services provided by voluntary agencies (many of which in Australia receive substantial funding from the state (Yates and Graycar, 1983)). The informal sector refers to patterns of aid provided through friends, kin and neighbours or through informal self-help groups or networks. As Froland points out, the analytical distinction does not always correspond to a clear empirical division. Moreover, some contemporary systems of personal social service provision, such as the "patch" system (Hadley and McGrath, 1979), are explicitly oriented to

breaking down the formal/informal division by linking workers in the formal sector with local informal support networks.

Embedded in social policies and debates associated with them concerning the relationship between informal and formal sectors are, I suggest, three main models. According to the first of these, the relationship between the family, which epitomises the informal care-giving sector, and the state is substitutive. The family, that is to say, is and should be - the model serves both descriptive and normative purposes - the primary care-giving agency in society, and the role of the welfare state, so far as personal social services are concerned, is to provide services in the event of families being unable to do so. As Moroney (1976) demonstrates in the case of England, the substitution model has traditionally provided the rationale for welfare state policies, and although it has been widely criticized, it continues to govern expenditure patterns and eligibility criteria for many services.

At the level of debate if not delivery, the substitution model has largely given way to an alternative view, according to which the role of formal social services is to supplement, rather than be a substitute for, family-based care. Whereas the substitution model is associated with residualist notions of social welfare, the supplementary model is universalist in its policy implications. The model retains the assumption that families are the primary care-giving agencies, but it is asserted that most families - not just those lacking in supportive kin networks - need to be supported by formal agencies in order to meet their care-giving responsibilities. Thus, to give one example, proponents of the supplementary model are likely to call for less emphasis on residential care

for the aged, and more on domiciliary and other services which can supplement the caring activities of kin, friends and neighbours.

In recent years a third model has been put forward, drawing on marxist and feminist perspectives and questioning several of the assumptions underlying both the substitution and supplementary models. Both of the latter proceed on the assumption that family and state represent elements in a dichotomy, the former epitomising the sphere of the private and personal, the latter the realm of the public and impersonal. Proponents of the third model reject this assumption and in its place assert that family and state, far from being the components of a static dichotomy, are integrally, even symbiotically, inter-connected. In her analysis of the British welfare state, Wilson (1977) argues that the policies underpinning its growth amount "to no less than the State organization of domestic life" (9; author's italics). Whereas after the first world war, she contends, social policy was largely concerned with unemployment, since the second world war emphasis has also been placed on maintaining the patriarchal nuclear family structure.

The key concept in this perspective is that of reproduction. Edholm, Harris and Young (1977) distinguish three analytically distinct forms of reproduction: (a) human or biological reproduction, which in addition to childbirth also encompasses the social relations of human reproduction; (b) reproduction of the labour force, and (c) social reproduction, which refers to the "reproduction of the conditions of social production in their totality" (Edholm, Harris and Young, 1977:105). From this perspective, the nuclear family in capitalist society serves a crucial function

in all three forms of reproduction, and within the nuclear family it is the domestic labour of women that is central. The "domestic unpaid work of the housewife", argues Wilson, "helps to keep costs down for the employer by making it possible for the worker to be cared for much more cheaply than would otherwise be possible" (Wilson, 1977:176).

Much of the analysis using this perspective has focused on women's labour and role within the household, but similar observations have been made about the role of women in family and community based support services. According to the dominant ideology, home and community are seen as "non-workplace" institutions in contrast to the workplace; in reality, argues Gamarnikov (1978) "home and community are women's workplace". Allan (1983:425) asserts:

> When care is needed, the predominant burden falls on mothers, sisters and daughters, supplemented by their equivalent female in-laws. In this sense to talk about family care is as much a myth as talking about community care: the caring is done not by communities or families as such but by females whose social and economic opportunities may be affected quite significantly as a consequence.

In drawing attention to the intra-family division of responsibility for caring, these critics have identified one of the conceptual problems bedevilling debates about formal and informal care: failure to distinguish between levels of informal support. Three concepts are repeatedly used, with little regard for the distinctions between them. The first is the <u>personal</u> support network, that is, the network of supportive relationships available to an individual. The second is the <u>family</u> support network and the third, the informal <u>community</u> network. Much of the academic literature on support networks focuses on personal networks (see the review in d'Abbs, 1982), while most of the policy-oriented

literature talks of family and community networks. Use of the nuclear family as the unit of analysis in studies of informal support systems can not only lead to the actual division of caring responsibility being concealed, but also, as Land (1979) points out, involves making the questionable assumption that members of families necessarily share common interests and access to resources

Debates about the respective strengths and roles of formal and informal systems of care are also vitiated by a failure to specify clearly what is meant by 'social support'. Much of the support networks literature has been concerned with the "stress-buffering" properties attributed to personal support networks (d'Abbs, 1982:8-16). In this context, "social support" usually refers to support in crisis situations. At the same time, most critics of localist policies of service-provision have been concerned, not with crisis care, but rather with support mechanisms to cope with long-term dependencies, such as those of the frail aged, the handicapped, and small children. These critics tend to be less than impressed with the supportive capacities of informal networks. Unfortunately, because the same term - social support - is used for quite different situations and processes, much of the discussion about systems of service provision amounts to groups talking past each other.

The concept of social support can be more usefully employed, I suggest, if we distinguish three dimensions of dependency: kind of support provided, the duration of dependency, and the extent to which the dependency is foreseen. With respect to the first of these, I follow Lopata (1979) in distinguishing economic, service, social and emotional support. Economic support refers to such acts as

gifts or loans of money, food or clothing, and help with payments for rent, mortgages, etc. Service support refers to the actual performance of services (help with transport, housekeeping, child-care, etc. Social support refers to actions embodying companionship (going to the pictures with someone, for example) while emotional support covers actions which help a person sustain self-esteem, a sense of being valued, etc.

The main distinction with respect to duration is between short- and long- term dependency, or between situations that call for temporary provision of support on the one hand and, on the other, continuing provision. Care for the frail aged and the handicapped involves long-term dependency, as does childcare under the criterion used here, even though the need for childcare may cover fewer years than care for an aged person.

The distinction between foreseen and unforeseen dependency applies to short-term support-situations, and serves to separate out crisis situations, in which it is the rapidity with which support can be mobilised that is crucial for successful coping, from situations which are normally anticipated, such as house-minding or setting up a first home.

The categories of support to which these dimensions give rise are summarised in Table 1.

The categories in the matrix are for analytical purposes. In reality, any given situation could be rapidly transformed from one of these categories to another, as when an illness leads on to chronic incapacity.

Three further points about the nature of social support should be stressed here. Firstly, responses to dependency in the informal sector are normally allied with considerations of

Table 1: Social support matrix

Nature of dependency	Type of support			
	Economic	Service	Social	Emotional
Long-term				
Short-term, unforeseen				
Short-term, foreseen				

reciprocity. Not all help given is reciprocated, and forms of exploitation both subtle and crude, both deviant and socially-sustained, can undoubtedly be identified. A great deal of help, however, is extended in the expectation of, or associated with the experience of, rewards of some kind, be they moral or material. To ignore this dimension and to see dependency purely as a one-way process may be to overlook the greater part of the dynamics underlying informal support provision.

Secondly, patterns of support-seeking and provision in a given social setting may reflect varying degrees of influence of choice and constraint respectively. Ideally, any study of social support should attempt to assess the influences of these two factors, although this is rarely done in surveys.

Thirdly, and again ideally, a distinction should be made between utilised and potential support. Most empirical studies of social support are concerned with the giving and receiving of help, yet often the key figures in personal support systems are not the people with whom we exchange everyday help, but rather those individuals to whom we know we can turn in the even of a serious problem arising.

The Geelong support networks study: background

The study of family support networks carried out by the

Institute of Family Studies in Geelong, Victoria, in 1982 does not furnish data on all of the points raised here, but it does permit us to explore some aspects of the use of formal and informal support for different categories of dependency.

The sample for the study consisted of 416 randomly selected households, in each of which one interview was conducted with one person aged between 18 and 60. The interview schedule contained both pre-coded and open-ended questions, and took 1-2 hours to complete. Response rate was over 80 per cent. In addition to the survey interviews, a series of in-depth interviews was carried out with respondents from the original sample, selected to represent five categories: migrant families, families experiencing unemployment, one-parent families, two-parent poor families and two-parent, non-poor families.

Comparison of the survey sample in terms of sex and age with the sex and age distribution of the 18-59 year old population of Geelong Statistical District in the 1981 Census indicates (i) that women are slightly over-represented in the sample (57.0 per cent, as against 50.1 per cent in the Census, (ii) 20-24 year olds are slightly under represented (11.6 per cent in sample, 15.5 per cent in Census) and (iii) 50-59 year olds are slightly over-represented (13.3 per cent; 9.5 per cent).

The study sought information on six areas: household structure, family background, use of formal and informal support networks and services, contact with kin, involvement in community organizations, and attitudes to the role of government in providing support services. In this paper I shall present data from the second of these areas: use of support networks and services.

Use of informal networks and formal agencies

The analysis presented here is an attempt to assess the effects of availability of local kin support, and the effects of other factors, on support-seeking with respect to examples of:

(1) Short term, unforeseen dependency: serious illness in the family, and personal or emotional upset;

(2) Short-term, foreseen dependency: help in setting up first home; and

(3) Long-term dependency: childcare.

For each of these situations except childcare, the relevant questions were open-ended: respondents were asked if they had ever experienced the situation concerned; if they had, the interviewer probed to discover to whom the respondent had turned for help, in what sequences, and with what results.

With respect to the two short-term dependency situations, the analysis is restricted to families which included at least one child aged 10 or less (N=168). For childcare, the sample was further restricted to families containing at least one child aged 4 or less (N=103).

An indicator of the numbers of local kin was obtained by aggregating, for each respondent, the numbers of relatives living in Geelong (but not in the same household as the respondent) belonging to the following categories: children who had left home; parents; parents-in-law; siblings; siblings-in-law; ex spouses; grandparents; aunts and uncles, and other relatives named by the respondents as being significant. Grandchildren were omitted from the variable on the grounds that most would be too young to provide independent support.

Other variables included in the analysis are: number of

years resident in Geelong; annual pretax family income; respondent's marital status, respondent's country of birth, and family work status. The last named variable - the only one that needs description - distinguished three categories: families in which both partners were employed, at least one of them full time; families containing one full-time employed parent, and families containing no full-time employed adults.

With respect to the short-term dependencies, respondents were distinguished, firstly, according to whether or not they had made use of informal networks. Those who were categorized as not having used informal networks comprised (a) people who said they had turned to no-one for help, but had managed on their own resources, and (b) those who said they had relied entirely on formal agencies. At first sight it might seem odd to place these two replies in the one category. There is, however, some ambiguity over what constitutes relying on oneself and what constitutes use of a formal agency. I have chosen the cautious option of asserting nothing more of these people than that, on the evidence they presented in the interviews, they did not seek help through informal contacts.

Those who had used informal sources of help were further subdivided according to whether they had utilised (a) family and relatives, with or without additional help from friends and/or neighbours, but without help from formal agencies, or (b) family and/or relatives <u>plus</u> formal agencies (plus, in some cases friends and neighbours). Two further residual categories were distinguished, but not used in the analysis that follows: use of informal resources only, exclusive of kin and/or relatives; use of formal agencies plus non-kin informal contacts.

Of the 168 respondents with at least one child aged 10 or

less, 126 (75.0 per cent) had experienced a serious illness in the family, 113 (67.3 per cent) had experienced personal/emotional upsets, and 159 (94.6 per cent) had experienced setting up a home. The discussion concerning short-term dependencies focuses on these people.

Table 2 summarises their support-seeking patterns.

Table 2: Sources of help among respondents who (a) had at least 1 child aged 10 or less and (b) had experienced the situation specified

		No inf.nw used per cent		Inf.nw used per cent			
Situation	N=	No-one	Formal only	Kin	Kin+fml	Other	Tot.
Illness	126	10.3	6.3	42.9	31.0	9.6	100.1
Upset	113	24.8	8.0	29.2	25.7	12.3	100.0
Home	159	10.7	3.1	47.2	33.3	5.7	100.0

Depending on the situation, between 14 and 33 per cent of respondents made no use of informal networks; between 29 and 47 per cent used kin without using formal agencies, while between 26 and 33 per cent used kin plus formal agencies.

In order to assess the influence of kin availability on support-seeking for the three short-term dependencies, the mean number of local kin were compared for respondents falling into each of the three support categories: no use of informal network; kin, and kin plus formal agencies. The results are shown in Table 3. In none of the three situations was any significant difference found in numbers of local kin.

Further analysis of possible kin effects, controlling for income levels, years of residence in Geelong, country of birth, marital status and family work status failed to find any sign of significant kin effects with respect to these three short-term dependencies, with one exception. Among

Table 3: Selected characteristics and sources of support
(Respondents with at least 1 child ages 10 or less)

	Sources of support			
Characteristics	No inf.nw used	Kin	Kin+formal	Sig
Serious illness				
Mean no. local kin	4.2	5.1	5.0	
Mean years in Geel.	19.9	18.9	20.4	
Income($)	17334	18816	14847	
Personal upset				
Mean no. local kin	4.7	4.6	4.4	
Mean years in Geel.	18.3	19.5	18.9	
Income($)	14487	18182	14104	
Setting up home				
Mean no. local kin	4.0	5.0	4.7	
Mean years in Geel.	17.2	19.0	19.9	
Income($)	11592	18174	17906	*

* p less than .05

families in which there was no full-time employed adult, numbers of local kin appeared to have a bearing on support-seeking with respect to setting up first home. The numbers in each category, however, are too small to lend significance to the trends. The 12 respondents who had used kin but not formal sources had a mean of 6.3 local kin, compared to a mean of 2.1 among the 7 respondents who had not used informal networks at all, and a mean of 3.0 among the 4 respondents who had used kin plus formal sources.

Respondents using the three categories of support were also compared with respect to the number of years resident in Geelong and annual pretax family income. The results are also shown in Table 3. As we can see, in only one case did a significant difference emerge, and again it involved setting up a first home; those not using informal networks at all had significantly lower incomes than those who did use them.

The most significant factor in determining whether or not respondents used informal networks to help in setting up first homes, however, was birthplace. Table 4 summarises the percentages for three birthplace categories: Australia, other English-speaking country, non-English-speaking country. (Because the numbers from individual countries are so small, they are not shown separately, nor are users of informal networks divided into kin and kin + formal.)

Table 4: Use of informal networks for help in setting up 1st home, by birthplace
(Respondents with at least 1 child aged 10 or less)

		Per cent		
Birthplace	N	Not using inf.nw	Using inf.nw	Total
Australia	120	5.8	94.2	100.0
English speaking country	22	31.8	68.2	100.0
Non Eng. speaking country	17	47.1	52.9	100.0

Chi squared 28.152 d.f.=2 p. less than .001

In short, the one short-term dependency for which significant distinguishing factors emerged was help in setting up first home. A discriminant analysis carried out to assess the relative power of variables in distinguishing non-users from users of informal networks in setting up first homes yielded a discriminant function with eigenvalue 0.2868 and a canonical correlation of 0.4721. The function represents non-users of informal networks; standardised canonical discriminant function coefficients of the variables are as follows:

Non-Australian born 0.88684

Family income -0.42403

No. of local kin -0.13770

Family with no

employed adult 0.11989

(It perhaps needs to be stressed here that, as Table 4 shows, even among those born in non-English speaking countries, over half had used informal networks.)

Sources of childcare

Two sets of childcare questions were asked in the survey: the first concerned childcare arrangements made to enable respondents to go to work; the second asked about arrangements made for going out, or for having time alone.

In order to examine answers to the first set of questions, the sample was restricted to families in which (a) there was at least one child aged 4 or less, and (b) both parents were employed, at least one full-time. (In the few cases present in the sample where one-parent families had children aged 4 or less, none were employed full time.) For the second set of childcare questions, the sample was restricted simply to families containing one child aged 4 or less.

The dual restrictions applied to the "childcare for work" questions reduced the sample size to 23 families, whose childcare arrangements are summarised in Table 5.

Clearly, the small sample size limits analysis. However, comparison of those using formal childcare with those relying on family and relatives yielded results of both statistical significance and substantive interest. They are set out in Table 6.

As Table 6 shows, the two groups differed both in numbers of local kin and in years resident in Geelong. The most significant difference, however, was in annual family incomes: those using formal childcare had considerably more money than

Table 5: Childcare for work: sources
(Respondents with at least one child aged 4 or less, in households where both parents are employed, at least one full-time.)

Arrangement	No.
None described	4
Family/relatives	9
Formal (incl.1 kin+formal)	8
Other	2
TOTAL	23

Note: 'Formal' included babysitters, pre-school, kindergarten, child-care centre, creche, family day care, community child care.

Table 6: Childcare for work: characteristics and sources

	Source of childcare		
Characteristic	Family/relatives	Formal	
Mean no. local kin	5.3	3.0	
Mean years in Geel.	21.7	13.4	
Income	17000	32250	*

* p less than .05

those relying on informal arrangements. A discriminant analysis carried out to assess the relative importance of the three variables yielded a function representing formal childcare, with eigenvalue of 0.43821 and a canonical correlation of 0.5519874. Standardised discriminant function coefficients were as follows:

Income 0.88579

Years in Geelong -0.24670

No. of local kin 0.04919

Thus, once again, although a difference was found in numbers of local kin, the main determinant appears to be income level.

Childcare arrangements made for going out are summarised in Table 7.

Table 7: Childcare for going out: sources
(Respondents with at least one child aged 4 or less)

Arrangement	No.
None described	10
Family/relatives	58
Formal,formal+inf	25
Other	10
TOTAL	103

For this table, arrangements have been summarised slightly differently. Only 5 respondents relied entirely on formal arrangements (4 of them on babysitters), while a further 20 had used various combinations of informal and formal childcare. For analytical purposes, the two categories have been combined.

Comparison between users of the various arrangements and social characteristics are set out in Table 8.

Table 8: Childcare for going out: characteristics and sources

	Source of childcare				
Characteristic	None	Kin	Kin+formal	Other	
Mean no. local kin	2.5	5.9	4.2	3.0	**
Mean years in Geel.	12.3	20.4	17.6	12.0	*
Income	10101	16828	17040	23700	*

** p less than .01
* p less than .05

A number of points emerge from this table. Firstly, on this dependency - and this alone of all those considered - the number of local kin emerges as a major distinguishing

characteristic. Secondly, it is clear that the distinction of interest is not between those who use kin on the one hand and those using combinations of informal and formal arrangements on the other, but rather between those who have childcare arrangements of some sort, and those who have no arrangements. Respondents in the latter category have significantly fewer local kin, and significantly less money, and have been resident in Geelong for fewer years than most others.

A discriminant analysis yielded one significant function (eigenvalue 0.16048; canonical correlation 0.3718686) which represented kin-based child care. As the list of standardised discriminant function coefficients shows, numbers of local kin was the prime determinant, although income level was also important:

no. of local kin 0.80680

income 0.47272

years in Geelong 0.26734

The importance of kin in the absence of other resources for childcare is demonstrated if we restrict the analysis to those with family incomes of $15,000 or less. Fifty-six of the respondents with a child aged 4 or less belonged to this category, including 9 of the 10 respondents who reported no arrangements for childcare for going out. The relationship between kin availability and childcare is set out in Table 11. Whereas one-third of the 25 with fewer than 5 local kin reported no arrangements for childcare, only 1 out of the 31 respondents with 5 or more local kin reported no arrangements. At least in the case of childcare for going out, in other words, local kin become an important resource - in the absence of other resources. Ironically, rather than people using formal networks in the absence of local kin networks - as the

Table 9: Childcare for going out x no. of local kin, respondents with family income $15,000 or less

No. of local kin	N=	Percentages having None	Some	Total
Less than 5	25	32.0	68.0	100.0
5 or more	31	3.2	96.8	100.0
TOTAL	56	16.1	83.9	100.0

substitution model assumes - we see here evidence of people using kin networks in the absence of access to other resources.

In sum, although differences in numbers of local kin were associated with differences in childcare arrangements for work, the main discriminating factor was income level. In childcare for going out, numbers of local kin played a more important role: a high number of kin, combined with high income, was associated with use of kin-based childcare. High incomes, in the absence of large numbers of kin, were associated with other forms of childcare, while those with few local kin and low incomes tended to do without childcare for going out.

Conclusions

The support-seeking strategies which people adopt are a product of their needs or goals, and the priority accorded these needs or goals, resources to which they have access, and the norms and values they bring to bear on help-seeking. In this paper I have used data from a study of family support networks in Geelong to try and assess the influence of one particular resource - presence of kin - both in comparison with and in association with other variables which normally affect access to resources: income levels, years of residence

in an area, birthplace and family work status.

With respect to the two instances of short-term unforeseen dependency -serious illness and personal upsets - no evidence emerged to suggest that numbers of local kin affected patterns of support-seeking. While a majority of respondents had turned to kin, either with or without additional help from formal agencies, none of the factors under consideration disciminated among users of particular patterns of support. There are several possible reasons: (1) other things being equal, the determinants of patterns of support may lie in norms and values - which were not examined - or in personal dispositions, also unexamined; (2) the indicators used in the analysis and the questions and responses from which the indicators were derived may not have been sufficiently sensitive to identify key distinctions; or (3) other resources, not considered in this analysis, may play a more important part than the ones examined.

With respect to the example of help in short-term foreseen situations -help in setting up a first home - the major factors in discriminating between users and non-users of informal networks were found to be ethnic affiliation and income levels, with non-Australian born and those on low incomes being significantly less likely to use informal networks than Australian born and those on higher incomes. Non-use of informal networks was also associated with having fewer local kin, but the association was less significant.

The findings with respect to childcare have been summarised a few paragraphs earlier.

Taken as a whole, these findings suggest that access to kin networks is considerably less important in shaping support-seeking patterns than access to other resources,

notably income. It is true that non-users of informal networks tended, at least with respect to setting up first home and childcare, to have fewer local kin than users of informal networks. But the analysis presented here suggests - albeit provisionally - that the crucial constraining factor is not lack of kin so much as lack of money. Only in the case of childcare for going out did clear evidence emerge of the importance of local kin in facilitating access to support - an effect that stood out particularly strongly among those on low incomes.

It would appear that the presence of kin may be an important source of support for those with few other resources; if so, this would suggest that reliance on kin is as much a matter of constraint as choice, and is certainly no justification for residualism or selectivity in service provision.

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Family life stage: The neglected divider

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A Life Stage and Network - the neglect.

It's not as though sociology has ignored family life stage. Perhaps it has given that impression, because the theoretical momentum of functionalism is towards regarding 'the family' as a configuration of roles constant across socio-economic status and life cycle, and research in this mould has tended to stress what is constant. (Morgan, 1975) The debate with the 'isolated nuclear family' model, too, emphasized descriptive generalizations rather than investigation of differences across societies or time, (Lee, 1980), and was often confined entirely to 'the typical family' of a couple with dependent children. (Gibson, 1972:17)

But whilst these two major overshadowing influences on recent sociology of the family failed to direct attention to differences and change, they certainly did not deny the significance of variables such as life stage. Much of Parsons' writing on the American family (e.g. Parsons, 1964) stresses life cycle transitions. And the 'Developmental approach' to family studies specifically moved beyond functionalism in adopting life cycle as a crucial concept. (Hill, 1964)

More recent work has focussed on the impact of life stage on kin contact (Shulman, 1975, Leigh, 1982) and the obvious effects of aging and death on extended family relations. (Croog et al 1972) Shapes and

functions of networks in specific life stages are increasingly researched, (Lucy Rose Fischer, 1981) particularly those of the aged (e.g. Longino and Lipman, 1981). The work of Fischer and associates has systematically investigated life stage as a variable in large scale and complex analysis not only of kin but of non-local and local non-kin relations. (Stueve and Gerson, 1977, Fischer 1982, Fischer and Oliker, 1980).

As Young's review clearly indicates, for demography and sociology there is 'increasing documentation of the explanatory value of life cycle stage.' (1977:48) But while the idea of using life stage as an independent variable is now firmly embedded in family research, the less obvious ways in which it divides people in terms of their experiences and, in particular, the divisive effects of the interplay of life stage and other variables, have been little explored, particularly in relation to the family's local social context.

Three sets of factors have contributed to this limited use of the life stage concept. One is methodological - and concerns the ways stages have been understood and defined in family and network studies. The others, strongly related, concern the insistence of sociology on treating life cycle as a universally, commonly, experienced inevitable process, rather than exploring its interplay with, in particular, gender and class.

1. Age and Stage

While demographers and the 'developmental' theorists exhaustively pursued specifications of stages that included age of parents, age of youngest and oldest children and, crucially, adult 'careers' and developmental stages of all family members, (Young, 1977) family sociology and network research have persistently clung to crude categories of life stage, and so have failed to explore the different impacts of many transitions.

This may be partly because the sociological work using life stage has been largely survey research, bypassing insights provided by case study explorations (e.g. Sheehy 1976, Levison 1978) and explorations of clinical data (e.g. Gould 1972). On the other, hand, the careful efforts of demography to delineate specific stages as finely as possible were largely ignored by researchers seeking major patterns of family life. And the obviously related research into women's roles, strongly stressing their transitions and the conflicts involved (e.g. Oakley 1979) has hardly been allowed to touch network research.

The result is that many network studies recognize only very crudely defined life stages - and only those of adults engaged in marriage and childbearing. While most distinguish the 'married with no children' from 'married, with children' (e.g. Shulman, 1975) many ignore different stages of childrearing and post-childbearing.

In the present context, where only survey data is being discussed, the important point is that life stage must be categorized so as to distinguish not only the biological fact of childbirth but the socially defined stages of childhood and, therefore, parenthood.

Studies of women's family roles that derive from their accounts clearly show the importance for them of children's age, in particular of the transition from pre-school to school-age. (Richards, 1978; Harper and Richards, 1979) But this is rarely recognized where life stage is used as an independent variable, and even more rarely is there separate classification of the transitional phase, where a woman experiences the constraints and opportunities of preschoolers and schoolage children. Emphasis on 'pure stages', when children are all in one 'developmental age group' was criticized by Yule in 1969 (Young, 1977:11), but few studies have classified transitional stages, particularly when families have preschool and school age children. Expecting this stage, expecially for the mother to be different from either neighbour 'true' stage, we coded it separately, and found it always behaved differently.

The lumpish handling of life stage has not been restricted to quantitative research. Community studies have for some years noted the importance of children in formation of local relationships for adults. (Gans 1967; Bryson and Thompson, 1972) But few have

distinguished between the adult relationships deriving from women's being home with toddlers, say, and those resulting from participation in school committees or the social environment of teenagers.

The Green Views project collected for five years observation and interview data on formal and informal local relationships. Its analysis focuses on gender and the interplay of gender and life stage, to be explored in future reports. It also strongly influences our handling of the quantitative data. The present paper is restricted to one small area of survey data, used here for exploring broad patterns in the impact of life stage. Coding of child-stage, including mixed stage has been maintained, but its clumsiness must be recognized.

Ideally, life stage should be explored with regard to both age and developmental stage of children. A subtle analysis would require fine distinctions, which have implication for the common generalization that children act as catalysts for adult networks. 'Same-age' has a smaller range for young children and probably adolescents, than for adults. Women with very young children will be more restricted in forming relationships with mothers of 'same age' children - then further restricted by the children's compatibility. Observation at estate coffee mornings and play-group settings clearly showed the difficulty faced by women forming friendships when their children

were not same-stage. As Fischer has argued, young children constrain their parents, especially their mothers, to local networks. (Fischer, 1982) They also provide opportunity and, especially important, need for local supports. (d'Abbs, 1983) 'Real friends must be your neighbours, because with little children you have to have somebody close'. (Martin, 1970:337) But they may stress, sever or destroy relationships too, and this is particularly likely if they are of dissimilar stage.

It should be added that the socially constructed meanings of life stage are also associated with adult age. Being in the right stage at the right age is important to local relationships. As women more commonly defer childbearing it becomes more likely that women with "same-aged" children will find they share little in life experience and interests.

2. His and Hers

One reason why the importance of age and stage of children and adults has been so little explored is undoubtedly the problem Lyn Lofland (1975) has called the 'thereness' of women. The complexity of women's life cycle related domestic arrangements and constraints on their freedom, the interaction of gender and life stage have only very recently been recognized in network sociology, often because study design obstructed. D'Abbs' sensitive discussion of gender is based on a sample holding life-stage constant. And the

earlier work of Fischer and associates, stressing choice and constraint, and processes of construction rather than static shapes of networks, used an all-male sample.

That stage of family (categorized without regard to age of children) affects the networks of men was clearly demonstrated for that sample by Stueve and Gerson. Their analysis, premised on the assertion that people reconstruct networks 'as they move through the life cycle' (1977:80) recognized the 'strategic role' of young children in tying parents to neighbourhood, by affecting contacts and limiting freedom. But it paid no regard to what is usually a 'woman's problem' - the changing nature of crises, needs, available supports and opportunities to aid others. And because it stressed the process of construction without also analysing the 'rules of relevance' of relationships, that study tells us little about how relationships necessarily alter as what are nicely termed life cycle 'faults' are passed, (Stueve and Gerson, 1977:86) or other aspects of social structure affect the impact of life cycle. (Richards, 1983b) And few studies have explored systematically the difference between women's and men's experience of life stages and transitions. (Fischer and Oliker, 1980; Richards 1983b)

A simple basis for such an analysis would be a model such as that proposed by Rosaldo, (1974), stressing the unique nature of women's commitment to

children and home, and their consequent links to child needs and stages, compared with men's involvement in the 'public', more structured world of formal authority, work and career stages. Justly criticized as over-simplistic (e.g. Bottomley, 1983) this dichotomy nevertheless serves to highlight factors affecting impact of life stage. Rosaldo argues that if women participate in the 'public' world, and men in the world of family and home, their status will be higher. In such changed situations, we could argue, they will also experience life stages closer to those of their mates. If children are in care of others, for instance, child stage will impact differently, on both parents but especially on women.

It should not be expected, then, that men and women will experience life stages similarly or that the experience will be similar for all men or all women. And the impact of life cycle on network will differ with gender and with other factors which affect the segregation of 'public' and 'private' domains.

Gender has been clearly recognized in network research in one respect: many studies have confirmed that 'network maintenance is women's work'. (d'Abbs, 1983; 243)) In particular, contact with kin, even his kin, is done predominantly by women, in families studied in Australia, as in other countries. (Martin, 1967; d'Abbs, 1983; Stivens, 1978). It seems likely, especially at some life stages, that the management of local networks is usually also her job.

Explorations of the implications of women's network management and women's informal support structures are beyond the scope of this paper: (for excursions in these areas, see Stivens, 1977 and Baldock and Cass, 1983.) But in the present context, it can be suggested that the impact of life stage on their network will be, for local relationships, largely the impact of her life faults. These will not be the same for all women, and will vary, among other things, with marital power relations, workforce participation and class.

3. Them and Us

Odd that the association of family, network and class, the earliest impetus to research in the area, should have been so widely overlooked in more recent work. This is hardly because Bott's work has been subjected to close critical scrutiny for the past thirty years! (Baxter and Mugford, 1983) A few community studies offer insight into the relationships of life cycle gender and network processes in different sectors of socity. Stack for instance, (1974) dramatically illustrated the life-stage transitions in resources, needs and opportunities of black women whose men were chronically unemployed, absent and powerless, and the processes of constructing a defensive 'domestic network' of women. In Crestwood Heights (Seeley et al, 1963) the impact of life stage on upper middle class

women was shown. But network research has not drawn on these studies for systematic investigation of the different class contexts of the life cycle.

Using Rosaldo's model, we should expect that class will very strongly influence the impact on women and men of life stage. If, for instance, his career in the 'public world' of work brings with it strongly delineated stages and severe limits on family time, if she is out of the paid workforce and at the life stage most restricting her to local relationships, and those to ones blessed by children's compatibility, their experiences of life stage will be very different, and their local networks and support structures will be largely hers. For such a family, transition of children to school age may sharply affect network : her need for local support is less and his career-building pulls them to outside work-based networks : if she re-enters the workforce and if, in particular, they have what several studies have interpreted as middle-class concern for autonomy (Martin 1970, Allan 1979; d'Abbs, 1983) they may detach from the neighbour relations constructed during the vulnerable years of care for young children. The family of a blue-collar worker would be less likely to feel such changes.

B. Life Stage at Green Views

The present data comes from a five-year longitudinal project (1978-82) in a smart new privately developed housing estate we call Green Views, on the outskirts of Melbourne. (Salmon and Richards, 1980, Richards 1983a). The project focussed, among other topics, on the nature and shapes of networks of local relationships.

Life stage, at Green Views, is an important factor in the estate's present character and future composition. Promoted as a 'young family suburb', it has always had, a majority of its households in young childbearing age groups, though this is unlikely to remain the case.

In our sample of 150 residents interviewed 1978 and 1981, there was more variety of life stage than the publicity or respondents' own expectations predicted and more variety of behaviour within life stages. There were also patterns of life stage - related stratification. Categorized, with attention to child stage, life stage was significantly and not surprisingly related to wife's workforce participation pattern and whether she was currently in the paid workforce. Women with young children or of retiring age were of course, more likely to be at home, and to have dropped out of the paid workforce at birth of first child. But the association was far from perfect - a quarter of the mothers with children not yet at

school had worked continuously since marriage. There was no statistically significant association between his occupation and life stage, but in families with school-age children it was much more likely than in any other category that the husband had a blue-collar job. Respondents from that life stage category were also more likely to call themselves 'working class', but overall self-assessed class, like husband's occupation, was not significantly related to life stage. The two younger categories (young children and couples with preschool children) were clearly less blue-collar and more likely to see themselves as 'middle-class' than either the transitional category of those with preschoolers and school-age children or those with only school-age. (Even more clearly 'working class' were the families with teenagers.) The older families at Green Views, then are overrepresented in lower socio-economic groups.

TABLE 1 about here

The skew shows as a statistically significant pattern when education of respondent is considered. Life stage is associated with education (dichotomized: matriculation or no matriculation: ($X^2 p < .001$) Again, the younger couples are clearly advantaged. They are of course likely to be starting out on a housing career

(91% of the young childless, compared with only 27% of those with teenagers were first-home-owners.) But though the older couples were less likely to have a second mortgage, they faced higher repayments, for a bigger house, perhaps, or for a 'final home'.

C. Aid and Stage

1. Primary supports: a life stage phenomenon?

During the long reinterview in 1981 with 'pioneer' early residents, we replicated a series of questions seeking respondents' expectations of help in emergencies of different duration. First devised by Litwak and Szelenyi (1969) the questions nominated three sources of help - neighbours, friends and relatives - and three sizes of crisis - in our version, an hour, a week and three months. Positing that the wife faced an 'unexpected emergency' of each size, we asked, 'How would you (she) cope in that situation? We then specified 'How much help, if any, would your neighbours/friends/relatives be?' (For discussion of problems with this data, and our variations on the original study, see Richards 1983a, Richards and Salmon 1983)

The original study by Litwak and Szelenyi was designed as an exploration of the thesis of the isolated nuclear family and, like most other work in that context it paid no attention to the differences in family experience associated with either gender or life cycle - let alone to the interplay of both.

The questions we replicated are peculiarly designed to collect gender-free data! Men and women are asked what will be her response to a crisis she will have to deal with. Pursuing the possibility that

they will have different perceptions of available aid, as we strongly expected, on the basis of other data, we tested for effects of respondent's gender on aid expectations - but found none. If (as seems very likely) men and women see their families' aid resources differently, this is not shown when gender is used as a simple independent variable.

That the original study completely ignored life stage as a variable is even more extraordinary than its lack of interest in gender. The samples used covered wide - and different - ranges of life stage; (one replication even included, without controlling for, childless couples. (Saha, 1975) And factors considered (e.g. distance from and availability of kin and occupation mobility) clearly were life-stage related. But there was no exploration of how life-stage impacts on primary supports.

In another paper (Richards and Salmon, 1983) we discuss patterns of our results to the same questions, emphasizing that, unlike those of the original study, ours indicated several very different types of primary support networks. Analysed by the simple method used by Litwak and Szelenyi (comparing percentages expecting 'very much' aid), our data appeared to show the same 'modern' pattern in which distant kin offered aid only when crises were prolonged, while neighbours and friends 'handled' short term emergencies. But when attention was focussed on individuals' patterns of

expectations, it was found more common for respondents to expect consistently much (or little) aid from each source than to see each source as handling only some emergencies. And there were marked differences between the many expecting very much aid from several sources in any crisis, and others expecting little or none from anyone. (Richards, 1983a) We urged analysis of the different results of individual 'management' of networks, and indicated a crucial variable associated with ability to construct networks and perceived need for them would be life stage.

Approaching first, as did Litwak and Szelenyi, from the perspective of those expecting 'very much' help, we find not only that our data show much the same patterns as did theirs, but also that this is true of each life stage taken separately. As Litwak and Szelenyi put it, neighbours appear to 'handle' short-term emergencies, but their help is not so often expected for longer crises, while friends are more looked to for those; kin are much less often expected to be 'very much' help in the short term, but, when they are available, are relied on for the three-month emergency. The patterns are clearly shown in Table 2.

But it also clearly shows that the life stage categories differ dramatically in proportion expecting 'very' much help and in shape of the curve described by their expectations.

TABLE 2 about here

The data clearly support the claim above that stage of children, not merely whether or not there are children, affects social context. Table 2 shows strong differences between families with children at different ages. So, too, do crosstabulations of life stage with help expectations. When families with children are categorized by the three child-stage groups, those categories are significantly related to expectations of neighbour help for one hour ($x^2 p < .001$) but no other situation, friend help for one hour ($p < .002$) and kin help for all emergencies ($p < .001$) for an hour, ($p < .001$) for a week, ($p < .001$) for three months). Inclusion of families without children produces significant associations with all those variables (in each case, slightly weaker associations), but always at .05 level or better.

Where the association is significant, the pattern is as predicted: those with preschool age children clearly expected more help from everyone. Those with only pre-schoolers, in fact are far more likely than any other life-stage group to expect very much help from all three sources in any situation (36% in an hour emergency, 21% for a week, 17% for 3 months) and they are the only group never saying they expect none from all three sources. But they behave differently from

other groups when the longterm crisis is specified : most strikingly for three months, they are less likely than parents of schoolage children to expect very much aid from neighbours or friends, far more likely than any group to expect very much from kin.

Stage of children, then, clearly affects aid-seeking and receiving - and the network processes on which that behaviour is based. But so too, of course, does age of the adult. Between the two groups of childless, the differences are equally striking. Young couples, still childless, are more likely to expect very much aid in all situations from all sources than are couples whose children have left home. Here the story is not one of obvious need but, presumably, of the successful management, by younger couples, of the process of network (especially local network) formation and maintenance. (Richards, 1983b)

Table 2 also emphasizes interesting shapes in the data. For some life stage categories, from some sources, aid is relatively consistent whatever the emergency. Friends of the young childless and those with school-age as well as preschool children are consistently expected to give little aid: their friends are distant or working? Those with only school-age children expect more from friends, and more variation with situation - for an hour they expect friends to be more help than relatives - but for three months those expectations drop to the level of neighbours. The

couples with pre-schoolers, on the other hand, expect friends to behave very like neighbours: at least sometimes, since, following Litwak and Szelinyi, we did not exclude the possibility, this may be because they are neighbours. (See Richards 1983a) They are expected to give 'very much' help almost as often for a week, and exactly as seldom for 3 months as are neighbours. (But with relatives expected to be 'very much' help for over 85% of respondents in the two longer crises, are other supports needed?)

These parents of pre-schoolers sharply raise questions about the research approach replicated. The 'rules of relevance' of neighbouring and friendship relations allow for, even require, a request for an hour's childminding. But most people's responses made it clear that if a crisis were prolonged another set of arrangements would have to be found. When children were young, this was far more difficult: a mother in bed for a week can cope with school age children, given some neighbour aid, but clearly 'can't cope' with a toddler. Responses must be understood, then, as relative to needs. 'Very much' help for a childless family in a three month crisis may mean an occasional shopping expedition or casserole. But with a toddler in the house, such assistance would be no solution, and would probably be termed 'some' or 'little'. The same neighbour with the same casserole would be classified quite differently. The household with

little children calls 'very much' only help like 'Mum would come to stay', or as one woman put it, clearly indicating the significance of women as 'kin aid dispensers' (Stivens 1977:180) 'Mum would have to come.'

2. What links with life-stage?

These strong patterns of aid expectations highlight features both of life stage, and its impact, and of the processes of network management. (Richards, 1983b; d'Abbs, 1983) Young childless couples differ from the parents of preschoolers, for instance, in practically every factor relevant to network management - their needs are different as are their resources of time, flexibility and available finances and their opportunities for maintaining extra-local relationships and forming local ones. Case studies clearly illustrate the ways in which the transition to school-age children restructures needs, resources, opportunites : respondents show far more thoughtful awareness of these effects than sociologists in the past have done. (Richards, 1979; Richards 1983b) Few parents, and fewer mothers would find these results surprising. But having established that life stage clearly affects network support, it is important to go on to ask : who is most affected? Does the turning of the life cycle equally mould the lives of all adults? Or do some feel its force more strongly?

Analysis of variance between expected aid and life stage was conducted, controlling for frequency of contact with parents, self-assessed class and ethnicity. As indicated above, for all three sources of aid, life stage was related in some but not all emergencies to the expected aid.

Aid from neighbours was significantly related to life stage only in the short-term (one hour) emergency: as predicted, the pattern is curvilinear, those with pre-school children expected more aid than the childless or those with older children. But one of the covariates were related to this association.

Aid from friends, similarly, showed a significant relationship to life stage for the one-hour crises, except that families with school age children were closer to the Grand Mean. Again, respondents with pre-schoolers expected most aid and the childless least. (It was of course more likely that the former had neighbour-friends)

Unlike neighbour expectations, those of friends showed the covariate 'self-assessed class' significant for all three crisis situations. The "middle-class" residents expected more aid from their friends than did those who called themselves "working class".

With kin aid, the patterns were different. Expected aid was significantly related to life stage for only the one-week situation. The familiar curvilinear pattern appeared, with childless and those

with school-age children expecting least help. But here all the covariates played a significant role. Frequency of contact with parents was significantly related over all three crises - not surprisingly, more frequent contact meant more aid was expected. Class was significant for the longer crises, again because the self-styled "middle-class" expected more aid.

And ethnicity, not associated with any of the other measures of expected aid from different sources, was significantly related to expectations of kin in the three-month crises. Families in which one spouse was overseas-born were less likely to expect kin aid. Partly, this is because the overseas-born relatives not available in the short-term were still too far away to help for a long crisis, whilst the Australian-born could 'pull-in' out-of-town kin for the longerm emergency. But the relationship was more complicated. For families in which at least one spouse was overseas-born, available kin were expected to be more help in the short-term, than for Australian-born couples. But this pattern was reversed for the major crisis, the Australian-born expecting more kin aid, behaving, that is, as predicted by Litwak and Szelenyi.

3. Where does it hurt?

"Patterns of aid and variability of them may be far more complex than the literature suggests." (Croog et al, 1972:39) So too, it would seem, is the impact

of life stage. We have no clear portrait of the respondent who relies on steady support, not changing levels, as Litwak and Szelenyi expected, from different sources. The discussion so far suggests that, probably young, with young children, they have access to parents and contact with them and are successful in management of local networks.

But does the young childbearing stage guarantee aid equally to all, the later stages equally limiting development or use of networks? Just as bizarre as ignoring life stage in this area would be an insistance that its impact is equally felt across society. In particular, the earlier discussion of possible links of life cycle, gender and class, and the results of analysis of variance, indicate the importance of controlling for, and of exploring, the contribution of class to the relationships described.

Despite the association between life stage and education and patterns of association between life stage and husband's occupation, partial correlation shows that neither variable is responsible for any of the significant relationships of life stage to expected aid. In every case where aid and life stage were significantly associated, the association was either strengthened or unaffected by controlling for his occupation. This was also the effect of controlling for her workforce participation. Controlling, next, for respondent's education, gave a stronger association

of life stage with all kin aid variables, leaving the other significant associations unaffected. (Whilst further discussion of the effects of ethnicity is beyond the scope of this paper, it should be noted that controlling for couples' places of birth slightly strengthened the association of neighbour aid and of long-term kin aid with life stage.)

Detailed investigation of life stage and occupation suggests complex answers. But one pattern is very clear. Three-way cross-tabulations show that for not one of the aid variables do the families with blue-collar husbands show a significant relationship between aid expectation and life stage. In every case, the responses of the blue-collar sample (N=70) seem very largely unaffected by life stage.

Either professional (N=41) or white collar (N=39) samples, then, are contributing the associations of aid expected to life stage. Their contributions in fact appear different. There is no aid variable which shows a significant association at 0.05 level with life stage for both the professional and the white collar samples. As Table 3 summarizes, professionals show the life stage/aid assocation only for short-term neighbour aid. The white collar families turn out to be more often carrying the life stage pattern : for that subsample, life stage is related at the 0.05 level to neighbour aid (1 week and 3 months), all friends aid variables and kin aid for 1 hour and 1 week.

TABLE 3 about here

Controlling for education, too, shows the expected pattern - but defines it more crudely, since the dichotomous division is unequal (matriculants N=48, submatric N=101, 1 uncoded 1). The results follow the indications given by analysis of variance with selfassessed class. For all friend and kin aid variables, there is no significant association with life stage in the subsample of less educated respondents. For all these variables, there is a significant or near significant association in the matriculant group (strongly associated with 'middle class' identification).. Neighbour aid, however, shows different patterns, the education variable failing to pick out a category carrying the association, except for short-term aid, when it is significant for the less educated. His workforce participation, finally, acts in another pattern. For neighbour aid variables, only one - the hour emergency - throws up an association with life stage for a category of wife's work - fulltimers. For short-term friend-aid, similarly, the fulltimers show the impact of life stage, as also do part-timers. But for longer term friend aid the impact appears to be on women at home.

Pursuit of these patterns is hampered by small cell sizes. It also must be limited by problems of

inferring longitudinal process from comparisons of subsamples at different stages. This latter problem is especially important in the Green Views analysis, since it seems very unlikely that the young couples with preschoolers now in the estate will 'become' like those who at present have teenagers: they are, indeed, more likely to have moved out by that life stage.

But with these reservations, very interesting patterns can be investigated.

a) 'Not in your pocket' - life stage and your neighbours.

Neighbour relationships, as several studies have clearly shown, are preculiarly problematic, tend to be 'default' relationships for those with less mobility (Fischer 1982) or greater need, in particular those placed by life stage in situations where freedom is curtailed and support needs considerable. (Fischer and Oliker, 1980) Neighbour norms are also peculiarly precarious, as Green Views data shows (Richards, 1983b), respondents balancing sociable needs with strong convictions about dangers of invasion of privacy and of how much can be expected of a neighbour and how much is 'too much to ask', convictions that are in turn, related to different patterns of gender and life stage.

Given the strong association of neighbouring, in the literature, with women's and children's stage, it

was surprising to find neighbour aid related to life stage for only the short-term crisis. The overall pattern suggests that neighbour relations are too precarious to expect aid in anything but a short term crisis.

However, on controlling for his occupation, this pattern was found to hold only for the families with a professional male. These families are least likely to expect very much aid in the shortterm crisis from neighbours, (61%) but most likely to expect it when there are pre-schoolers. The (few) professional families with school-age children are more likely than any others in that life stage to expect little or no aid. White collar families, are more likely to expect very much aid (79%) regardless of life stage: whilst blue collar families are between the two other samples, 70% expecting very much, with the preschool families more likely to do so, but no sharp differences.

For the week-long emergency, professionals are very different, again less likely (17%) to expect very much neighbour aid than are white collar (44%) or blue collar (27%). So while, responding to the longer crisis, the white collar families, show the expected curvilinear relationship, ('very much' aid peaking with preschoolers), most professionals merely expect some aid, a few none. And the blue-collar families continue, despite the longer emergency, with expectations that have little to do with life stage.

Professionals produce a virtually identical set of responses for the three-month crisis. But white-collar family expectations change, as those, especially parents of young children who expected very much aid for a week revise that to 'some' or 'none'.

For the long crisis school-age families are most likely to say 'very much'. The relationship of expectation with life stage remains significant for these people, but it has shifted, as, (presumably in response to perceptions of need), doubt or certainty that neighbours will be no aid now come to those young parents. Professionals and bluecollar families retain the usual curve peaking with preschoolers - but it is too weak to give the subsamples or the whole sample significant associations.

Overall, then, the professionals are more cautious in their expectations of neighbours? (This may mean they seek more autonomy, expect less help or are just more accurate in their assessment of chance of aid.) In the phrase often used in the estate, they are 'not in each others' pockets?' Their neighbouring appears more limited, the restraints broken only by the manifest needs of families with young children when shortterm aid , not 'too much to ask', is needed. For them, longterm aid <u>is</u> asking too much. The lack of longitudinal data here is frustrating - will these same families with preschoolers withdraw from even their short-term aid - providing neighbour relationships when the children are older, the need less?

Whitecollar families seem more dependent on neighbours whatever the life stage, at least for small supports, but more aware of the changing demands of longer crises with life stage felt more sharply, so unlikely then to impose the heavy demands of young children on neighbours?

A smaller prcportion of blue-collar families have aiding relationships with neighbours, but they seem far less dependent on life stage. Are life stage and its corollaries, then, - children's care needs, parents' time, for reciprocal exchange of services and friendship - defined differently in different parts of the social structure?

That the white collar groups are carrying the impact of life stage on neighbour expectations is emphasized by the effect of controlling for education, a broader indicator of inequalities. For neighbour aid, unlike the other two sets of questions, education does not show the same relationship to life stage as does his occupation. For the short term crisis, both educational categories show the tendency of preschool families to expect aid, but it is too weak, in the matriculated sample, for significance, and it is significant but complex for the less educated, with much aid expected also by older groups.

What contribution to these patterns will be made by her workforce participation? If, as argued above, women are normally the administrators of childcare and

managers of network, impact of life stage on neighbour relations will be affected by whether she is at home. How? The answer depends on whether the approach to network analysis assumes a passive recipient of opportunity and need or a more active manager of relationships.

On the one hand, women at home 'receive' more opportunity for local relationships and are more structually constrained by needs that will be life stage determined. If she works, we have argued, these opportunities and constraints will affect her less. Life stage, on this argument, would more clearly be felt by women at home.

On the other hand, women with young children are more likely to need short-term aid, and recognize the need to 'work on' neighbour supports to provide it - whether or not they work. But women at home may 'work on' neighbour relations, too, for other, less child-stage-related purposes, so show less effect of life stage than do full-time workers for whom the 'investment' of time and energy in neighbour relations may not be 'worth it' if child-stage need is not evident.

Those who work part-time will be different, on either argument. Often caught in compromise situation offering the advantages of neither home nor work (Richards, 1978, 1979; Harper and Richards, 1979) part-timers will be less buffered from the effects of life

cycle than those who work full-time and more buffeted by it than women at home. (If you rush back to pick up at kindergarten, you are sharply aware of support needs.) But viewed as active managers of local networks, part-timers would be expected to behave most like women at home, since their working shorter hours permits (is often designed to give) benefits of local time with children.

That there are complex processes here is confirmed by the fact that overall women's working is significantly related to none of the neighbour aid variables. Expectation of very much aid for the hour's crisis was most common among families with part-timers (76%) and houseworkers (75%), with full-timers' families also high (60%) and unlikely to expect no aid. For the longer emergencies, part-timers' families behaved even less like full-timers': they were clearly most likely to expect very much, least likely to expect none.

This could of course be because women with young children are more likely to work part-time. But controlling for her workforce participation establishes that only in one case - the brief crisis - does any woman's work category show a significant association of expected neighbour aid and life stage. Then, it appears for full-timers for whom the usual curvilinear pattern, peaking with preschoolers, applies. Families where women are home and those with parttimers show

little impact of life stage: for the short emergency because most categories expect very much aid, for the longer ones because while aid expectations are lower, they show little pattern.

Fulltime working by wife does, then, bring out the impact of life stage on neighbour aid, and the proferred explanation parallels that suggested for the professionals. Deterred from establishing close neighbour links, by lack of time and/or desire for autonomy, they may establish links (or expect aid even in the absence of links) mainly when young children pose clear need for support. Women at home, or parttime, are more likely to establish such relations whatever the life stage.

b) Friends in need

Friendship, as the literature clearly establishes, is a different relationship, more a matter of choice. What Fischer terms 'just friends' - friends not also neighbours or otherwise structurally determined in their relationships - are more likely than any other associates to be same-age and same marital status. (Fischer, 1982:180-1) In what follows it must be remembered that for these questions we did not specify that friends could not also be neighbours. (Having neighbour friends is related to life stage, confusing the picture. But insistence that friends not live near would have confused it differently.)

We can assume from the argument about age and stage above, though Fischer does not explore specific child stages, that 'just friends' are more likely to be same-stage, reflecting ways in which people seek out, 'work at' or 'cultivate' relationships that have stage in common (Richards 1983b) or 'chop off' those becoming disparate, as childless couples may do when their friends 'start a family'. (Marshall, 1983) 'Just friendships' are more easily pruned, harder to cultivate and, it would be expected, more vulnerable to life stage changes in mobility, resources and opportunity.

Not so, it would seem, for the blue collar families. They are least likely to expect very much friend aid in any emergency, but no life stage dominates the pattern. Professionals, on the other hand, are most likely to expect very much aid from friends but depart from the, for them, usual curve when crises lengthen - life stage seems then to have less to do with whether friends will help. Only the white collar sample shows an association of life stage with friend aid for hour and week crises, and their pattern too is unusual - this is the only set of questions which show whitecollar families with school age children expecting most aid.

Nobody expects much from their friends for three months: though a higher proportion of professionals (23%) expect very much of friends than of neighbours.

For 3 months the pattern changes, with the young childless professionals more likely to expect friend aid, while the white collar respondents show a life cycle pattern because preschool families and those with school children have aid expectations, the younger families having more doubts.

Controlling for education gives a simpler indication of the interaction of class and life stage, and one that looks more like neighbour patterns. For none of the three friend-aid variables do the less educated respondents show an association of life stage to expections. But matriculated respondents have a significant association at .05 level for the short and long-term crises, with a nearly-significant association for the week's crisis. The patterns are all the more usual curve - highest aid for preschool families.

Friend support then is clearly in a very different relationship to life stage from neighbour support. Self-assessed class was related to the former, not the latter, the educated consistently carry the association for the former, not the latter. Friend aid variables do not show the familiar and expected pattern of aid increasing to preschool stage, then declining in older stages. Why not?

The arguments above on effect of life stage on women's network management will apply to friends only if they are near, and if the friendship link has not been strained by shifting situation or life stage. For

neighbour friends or near friends, we would expect the usual pattern where most aid is expected by those with young children. But for those whose friends are further away, especially if the women are not in the paid workforce, several processes would reverse this pattern. Young couples, in a stage of network flux and restructuring (Fischer and Oliker, 1980; Richards, 1983b) would be likely to rely less on such absent friends and more on neighbours where they are now 'getting established'. Older couples, especially second home-owners, would retain more durable friendships (Richards 1983b) because they were now less 'tied down' by small children (so could keep contacts outside) and because their needs were less demanding of instant-aid local relationships.

These two different patterns will tend to cancel out life stage effects, giving the two peaks of aid expectations best shown by the white collar sample.

If this explanation is valid, the patterns should be most clearly shown when women are home. They would be more likely, that is, to feel the impact of life stage on support, when it is to come from non-neighbour friends.

Controlling for wife's workforce participation does produce intriguing patterns. For friend aid in the one hour emergency (when usually only a neighbour friend will be relevant) the association with life stage shows only for women in the workforce. It is

significant for fulltime (as it was with short-term neighbour aid) and also for parttimers. The significance is largely because whilst those confident of aid are spread across life stage, only the childless and parents of school children expect none.

For the longer crises, only when the woman is at home do we get the association of aid with life stage, and then it is largely because those with school age children expect very much friend aid, (much more often than do those with preschoolers;) and they never never expect none. By contrast, fulltime and parttime working wives mean a weak repetition of the usual curvilinear pattern peaking with preschoolers.

The pattern has interesting implications for suburban isolation. A friend in need is likely to be a friend out of reach, since distant friends are less accessible to the young parents who most need aid. If they can, then, they are likely to 'work on' local friendships. And when it comes to the crunch, if they can, they will rely for aid on kin.

c) 'There when you need them'? Kin and contact

Recent studies have raised questions about changing kin relations over time, and patterns of dependency and aid. (Adams 1970, Croog 1972) In such investigations, kin aid appears much less as a given, stable fact of family life than it did in earlier sociology. Kin aid and kin contact were one of the

central concerns of Litwak and Szelenyi, but they did not relate these to life stage. Given the mounting evidence of preferred use of kin in childcare and grand-parent-generation aid to young families, much more study of related effects of kin support and life stage on network is needed. (Baldock & Cass 1983)

Contact with parents of our couples was significantly related to life stage, even when the couples with no children at home were excluded (x^2 p = 0.03). Couples with preschool children were much more likely than either the childless or those with school age children to see at least one parent at least once a week. On the other hand couples with school children accounted for most of the cases where there was no contact with parents.

Not surprisingly the amount of contact with parents was significantly associated with expected aid from kin in all situations ($p<.001$ for all situations).

Propinquity of parents was also associated with life stage. But contact was certainly not merely a result of propinquity. 15% of those with parents in a nearby suburb saw them less than weekly, and 11% saw parents weekly though they lived at a distance not 'an easy drive'. It was, however, noted that the families with preschool aged children had the most frequent contact with a parent, also more likely to have parents in a neighbouring suburb (77.4%) than any other life stage category.

Contact with parents was not always, but usually, a condition for expectations of aid from relatives and was significantly relaxed over all three crises situation ($p<.001$) for all situations. That other relatives occasionally were help sources is indicated by the handful of respondents expecting very much aid for short term emergencies from relatives though they had no contact with their own or spouse's parents. In the main, however, those with no parent contact also expected no relative help in all emergencies.

In all, twenty respondents had no contact with either their parents or their spouse's, seventeen being from families where at least one spouse was overseas-born. Two kinds of these expected no kin aid for any emergency (four of these claiming they could cope alone.)

On the other hand migrant status was not a guarantee of isolation from the parent generation: 54% of the households where at least one spouse was overseas-born had contact weekly with parents on at least one side of the family. Only 30% had none. (cf. Lee's review 1980:928)

Given the complex relationship of contact with kin, propinquity life stage, birthplace and class, it was surprising that our data should show clear patterns of increasing kin aid with scale of emergency. As Table 2 indicated, this was true of all life stage categories and of the whole sample. Kin aid also

(unlike friend aid) showed the predicted pattern consistently, younger families expecting more than childless couples or those with school age children. Kin aid, unlike neighbour or friend aid, was not only significantly related to life stage for all emergencies, but also consistently related in the pattern expected.

Controlling for his occupation and respondent's education, however, shows that kin aid is also like aid from the other sources in never showing a relationship with life stage for blue-collar or less educated couples.

For the blue-collar sample, the curve of expected aid speaking with preschoolers was either very weak or inverted. For a week's aid, and three months the 'empty nesters' are most likely to expect very much and the childless, almost as likely to do so as those with preschoolers.

Professionals and white collar families show similar patterns except the childless professionals are more likely to expect aid short-term and for three months, the white collar childless more likely in the week-long crisis. For both occupational groups, there is a strong relationship - the usual curve - for both longer crises.

Controlling for education confirms the class pattern. For those without matriculation, there is no significant association of life stage with kin aid for

any crisis. For each, the less educated are more likely to expect very much aid, and less likely to have those expectations patterned by life stage. Matriculants for each emergency show a smaller spread of expectations and a curve peaking with the young couples, especially preschool families, giving a significant association for only the week-long crisis.

Kin accessibility, of course, varies with life stage: it may also vary with occupational status, or, more likely, perceived accessibility may do so. Probably, too, norms about kin aid, especially aid for childcare, vary with class : the assumption that 'Mum will have to come' may well not be equally accepted across the social structure.

d) Life stage is a woman's problem

Gender has been a constant theme in this discussion, even though we were dealing with data designed without interest in gender. Later reports from the project will explore systematically the different ways in which gender interacts with life stage to affect, among other processes, networks, values, local participation and goals. Now, in conclusion relevance of gender to all patterns explored should be emphasized.

That research questions could originally be asked without attention to life cycle is clear evidence of the ways in which life stages and transition between

them are defined - socially and in sociology - as women's problems therefore to be overlooked. Certainly the brunt of transitions will be borne by the woman: clearly the effect will be felt by the family.

When his occupation impinges on the relationship of aid to life cycle, the explanation appears to be in terms of her experience. She creates and maintains the links, negotiates the aid, 'tends the garden' (Fischer, 1982) of relationships - and it is she who copes if no aid is forthcoming. It is also she who asks, administers arrangements, offers the reciprocal aid necessary to maintain 'give and take' (d'Abbs, 1983). Only recently has critical discussion of the structured reliance on women's unpaid aid, to non-kin and kin, emerged. The transcripts of our responses strongly indicated that her women friends and neighbours, or her-female-kin would aid, 'Mum would have to come' - usually her Mum: if a neighbour or friend, someone else's Mum.

TABLE 1

Life Stage - profile: reinterview sample, Green Views 1981

	Young couples - no children	couples with pre-schoolers	couples with pre-school and school-age children	couples with school-age children	'empty nest' coupl
	N = 23	N = 53	N = 20	N = 45	N =
% 'middle class'	61	66	40	44	56
% matriculated	48	47	15	16	22
% both spouses Australian born	55	53	60	58	56
% first home-owners	91	50	16	8	-
% of wives at home	14	66	65	38	67

TABLE 2

% expecting 'very much' aid from three sources, for emergencies of differing duration.

	Neighbour			Friend			Relatives		
	hour	week	3 months	hour	week	3 months	hour	week	3 months
Young childless couples	65	18	18	25	18	14	35	68	73
Couples with pre-school children only	87	37	21	62	33	21	54	87	85
Couples with pre-school and school-age children	75	35	15	35	25	15	45	60	75
Couples with only school-age children	61	25	25	43	41	27	36	59	59

TABLE 3 Where is life stage felt?

Source of aid and size of emergency	Relationship of aid expected to life stage	Relationship of aid to life stage controlling for		
		His occupation	Respondent's education	Her participation
Neighbours				
1 hour	$\chi^2 p < .002$	PROFESSIONALS $\chi^2 p = .05$ white collar ns* blue collar ns	matriculation ns LESS EDUCATION $\chi^2 p < .05$	FULL TIME $\chi^2 p < .02$ part-time ns housewerker ns
1 week	ns	professionals ns WHITE COLLAR $\chi^2 p < .05$ blue collar ns	matriculation ns less education ns	full-time ns part-time ns housewerker ns
3 months	ns	professionals ns WHITE COLLAR $\chi^2 p < .05$ blue collar ns	matriculation ns less education ns	full-time ns part-time ns housewerker ns
Friends				
1 hour	$\chi^2 p < .005$	professional ns WHITE COLLAR $\chi^2 p < .007$ blue collar ns	MATRICULATION $\chi^2 p < .05$ less ns	FULL-TIME $\chi^2 = .05$ PART-TIME $\chi^2 = .01$ housewerker ns
1 week	ns	Professional ns WHITE COLLAR $\chi^2 p < .01$ blue collar	matriculation ns less education ns	full-time ns part-time ns HOUSEWORKER $\chi^2 p = .01$
3 months	ns	Professionals WHITE COLLAR $\chi^2 p < .05$ blue collar ns	MATRICULATION $\chi^2 p < .05$ less education ns	full-time ns part-time ns HOUSEWORKER $\chi^2 p = .01$
Relatives				
1 hour	$\chi^2 p$ .05	professionals WHITE COLLAR $\chi^2 p$ .05 blue collar ns	matriculation ns less education ns	full-time ns part-time $\chi^2 p = .05$ housewerker ns
1 week	$\chi^2 p$ .05	professionals ns WHITE COLLAR $\chi^2 p$ .05 blue collar ns	matriculation $\chi^2 p < .05$ less education ns	full-time ns part-time ns housewerker ns
3 months		PROFESSIONALS $\chi^2 p$ .05 white collar ns blue collar ns	matriculation ns less education ns	full-time ns part-time ns housewerker ns

* ns : χ^2 not significant at .05 level.

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Continuity and change in Vietnamese families in Perth, WA

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In order to present the main features of continuity and change which have taken place amongst Vietnamese families in Perth, I will discuss the manner in which one family coped with the new environment.

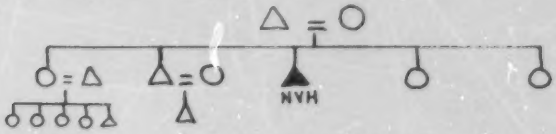
In January 1978 Nguyen Van Hai was flown from a South East Asian refugee camp to Perth as a legal Vietnamese refugee. His official entry paper stated his particulars as follows:

Nationality : Vietnamese
Ethnicity : Vietnamese
Date of Birth : 23/03/57
Age : 20
Marital Status : Single
Religion : Roman Catholic
Occupation : Student

This paper traces the patterns of continuity and change which developed within his family structure, firstly as a result of his move to Australia, and secondly as a result of the rest of his family's arrival in Australia.

Life in Vietnam, 1977.

The composition of the Nguyen family in Vietnam prior to Nguyen Van Hai's escape was as follows:



The parents aged about 50; a married daughter and her husband, four girls aged between 14 and 6 and a boy aged 2; a married son and his wife and a boy aged 2; a single son N.V.H.; two single daughters aged 17 and 15.

The family lived in three neighbouring houses in a small fishing town in south Vietnam. The structure and organization of the houses were such that frequent and free movement with a high degree of intermingling were encouraged while little privacy was available. Each house consisted of one large room which was partitioned into two sections. One section

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served as a living room/dining room while the other was the sleeping area. Doors, windows and partitions were usually kept open so that there was a constant flow of vision as well as people. The family lived within a closely-knit neighbourhood the communal life of which involved considerable co-operation and interdependence. As one member of the family reported:

> "We all knew what everyone else was doing or thinking of doing. Every joy and every sorrow was shared."

Although the members of the Nguyen family were divided into three separate households, they functioned as one unit with the father, (grandfather) as the undisputed 'head' of the family. Resources of money, material possessions and labour were combined so that each member had specific tasks to accomplish for the successful survival of the total family. Mr Nguyen, his single son and his son in law were fishermen and worked together, making nets and going out to sea in the family boat. Mrs Nguyen did farm work on a piece of land which the family owned, a few miles out of the town, growing rice and sweet potatoes. The two single daughters, the married daughter and the older grand-daughter worked together in the married daughter's house, processing some of the fish which the men caught. These women also organized the sale of the salted dried fish and the fresh fish. The married son worked as a cyclo-driver and his wife did dressmaking at home. In addition to their income-earning work, the women were also responsible for the carrying of water as none of the three houses had running water, the daily shopping as there were no refrigerators, the preparation and cooking of all meals, the laundry, the house work and most of the child care.

Religion played a central role in the life of the Nguyen family. The daily and weekly routines of the family were largely directed by the activities and demands of the church. Each morning they were woken by the church bells, and a short time later the church bells summoned them to morning mass. Each evening, the bells sounded again, for evening mass. On Sundays, the entire day was taken up with church involvement.

Alone in Australia, 1978-1980.

Finding himself alone in Australia, Nguyen Van Hai felt the need to create a substitute family network. It was both emotionally and practically unthinkable for him to endeavour to live alone. Firstly it was financially impossible and secondly it was difficult for him to accomplish such tasks as cooking, washing and cleaning. However, most importantly, he had always lived amongst a large number of people of varying ages and it was unbearable for him now to contemplate a solitary existence. The two things he missed most during the early weeks in Australia were his family and Vietnamese food.

In the two year period that Nguyen Van Hai lived in Australia without the rest of his family, he occupied four different sets of accommodation. An analysis of each housing arrangement suggests that with each change, he moved one step closer to the traditional Vietnamese family structure.

Between January 1978 and February 1978 he stayed at the Migrant Centre where he had been placed in a small flat with three other single young Vietnamese men. As they were all suffering from culture shock and were homesick for their families and home environments, rather than providing the necessary emotional support, they had a depressing effect on each other. This situation was exacerbated by the fact that the meals provided at the Migrant Centre were totally unacceptable, consisting of meat-cuts, vegetables and other ingredients to which the Vietnamese were unaccustomed, and being cooked in a style that was unpalatable to the Vietnamese taste. Thus, during most of this time, Nguyen Van Hai suffered with anxiety and depression, was unable to sleep and frequently felt hungry and/or sick.

Between March 1978 and June 1978 he shared a small suburban house with a different group of three single Vietnamese men. He felt that as these men had lived in Australia for a longer period of time, spoke English quite well and were familiar with the Australian situation, and as one of them was an older person, they would provide him with the emotional support which he so desperately needed. At

this time a young Roman Catholic priest befriended the group of men and introduced them to the local parish church. Becoming involved with the activities of the church and participating in the mass gave Nguyen Van Hai a strong link with his earlier life and his family and provided him with a new impetus. However, when all four individuals gained employment and were absent from the house from early morning until evening, it became increasingly difficult to prepare and cook meals as well as house-keep.

Between July 1978 and November 1979 he lived in a larger suburban house with a larger number of people two of whom were women who were able and willing to house-keep and cook for everyone. The composition of this household was, a young married couple (from the same town as Nguyen Van Hai) and their daughter aged 10 months, a middle-aged widow and her son aged 7 years, and six unrelated single men. The men took turns at taking the women shopping, maintaining the garden and helping with some of the heavier chores. All except the married man, did their own washing and ironing and cleaned their own rooms. The women cleaned the living areas, prepared and cooked the meals and usually washed up the dishes. Although most of these individuals were unrelated, there was a family atmosphere and they addressed each other according to the traditional Vietnamese pronouns used in families. The children were frequently played with or taken care of by members of the household other than their parents and resources were pooled so that individuals helped each other financially and emotionally whenever the need arose.

Between December 1979 and March 1980 he boarded with a large Vietnamese family in a small suburban house. This family consisted of the parents aged about 43 and nine children whose ages ranged from 22 years to 15 months. It had been agreed that he would marry the eldest daughter. The organization and atmosphere of the household, being similar to that of Nguyen Van Hai's own family, provided him with the type of support and

comfort which he required and also gave him a feeling of belonging. He felt that as a future son in law, he had a clearly defined place within the family structure. Some characteristics which had drawn him to this family were that they were devout Catholics whose lives were strictly regulated by the teachings of the church and the church calendar, that they adhered to the traditional Vietnamese family roles according to age and sex, and that they continued to preserve as much of their Vietnamese culture and identity as was possible.

Family Reunion, Stage One, February 1980-December 1980.

In February 1980 Nguyen Van Hai was reunited with his parents, brother and sisters, brother in law and sister in law, nephews and nieces and the fiance of the older of the two single sisters. It was an emotional meeting as they had been waiting for this moment since 1977.

For the first month the new arrivals stayed at the Migrant Centre while considering the type of accommodation they would move to. They became aware of some of the constraints placed on them by Australian culture patterns. For example, most landlords were concerned about 'over-crowding' and stipulated the number of people permitted to live in a dwelling. Others overtly or covertly refused to accept Asian tenants. The structure and the setting of most Perth houses were quite different from those the family had lived in and it was not easy to find three suitable, available houses, close to each other and close to a Roman Catholic church. However, they succeeded in renting three houses within walking distance of each other and a church, in an inner suburb. The family was divided as follows:

Household 1. : Father, mother, single son (Nguyen Van Hai) two single daughters, fiance of one of the daughters.

Household 2. : Married daughter, son in law, their four daughters, their two sons.

Household 3. : Married son, daughter in law, their two sons, their daughter.

Family Cohesion, Stage One.

The 'fluid' movement which had existed in Vietnam continued in Perth. Both children and adults moved freely from house to house, sleeping and eating at any of the three households according to mood, necessity and circumstance. They co-operated in the bulk-buying of food supplies, the growing of vegetables and herbs, fishing, the acquisition and allocation of second-hand furniture and even in cooking.

This period was characterized by a 'holiday' or 'honeymoon' air. The family was elated because it had finally arrived at the end of a long and arduous journey. There was also cause for joy due to the fact that after more than a year of institutionalized living in refugee camps and the Migrant Centre, they were now in their own accommodation and could thus cook their own meals. Spontaneous and pre-arranged celebrations took place frequently, and primarily involved the preparation and cooking of Vietnamese foods, the gathering of the entire family and any friends and acquaintances that could be summoned on time, drinking, talking, and speech making by the head of the family and/or his deputy. Such occasions occurred at almost any pretext. As all of the adults except Nguyen Van Hai were unemployed at this time, they all contributed to these social functions both financially and physically.

Family leadership, Stage One.

The official 'head' of the family, Mr Nguyen senior, continued to be regarded as being in control. That is, his approval had to be sought and his advice was respected. However, even at this early stage, he was experiencing a loss of face and diminishing responsibilities due to two facts. Firstly, he had to operate in a foreign culture with which he was totally unfamiliar and secondly, he spoke no English at all. Hence, he frequently had to refer to his younger son Nguyen Van Hai for information and advice and delegate other members of the family who could speak some English, to handle official business

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such as immigration matters, social services matters and matters related to the rented accommodation. His linguistic and cultural impotence in Australia cost him his role as real head of the family. He was now only a figure-head.

The younger son on the other hand, now found himself burdened with the responsibilities and problems of the whole family, by virtue of the fact that he was considered 'the expert' on Australian culture and language. He felt obliged and duty-bound to shoulder the family, but he also found the demands and pressures of the family in addition to his personal and employment responsibilities, extremely heavy. During this period, he aged considerably, losing weight and developing a gaunt, anxious expression.

Problem Solving, Stage One.

As the overall atmosphere of the family at this time was one of relief, joy and abandon, any problems which arose, tended to be regarded as trivial or minor and were either ignored or treated lightly. For example, it was considered 'normal' that the children would encounter language difficulties at school, that the adults would experience communication problems with Australians and that the adults would be unable to find employment until their language competence improved.

Other issues were also minimized. For example, when some of the children reported incidents of racial discrimination, the adults advised them that it was an unusual case or that they had misunderstood the situation.

Therefore, the tendency in dealing with problems during the early stage was to ignore them or put them aside if they were too difficult, and to seek family assistance if they were practical issues such as shopping, a blocked toilet or a toothache.

Child Rearing Patterns, Stage One.

The traditional habit of relying on the total family network for the emotional support and physical care of children was adhered to. Individual children often became the favourite niece or nephew of particular aunts or uncles.

In this way, a special attachment or bond existed between certain children and certain adults other than their parents. However, in addition to this, the responsibilities related to children were shared by the whole family. Older children assisted in nursing and generally looking after younger children and babies. Aunts, uncles and grandparents played a similar role to parents in praising and/or reprimanding, bathing, dressing, feeding, playing with and looking after the children according to circumstances.

Babies upto the age of about 12 months were constantly carried, cuddled and attended to, unless sleeping, and even then, they often slept in someone's arms. Young children were never 'put down' in a cot, bed or the floor, while still awake. There were no set times for sleep and both babies and children remained in the company of adults until they fell asleep. This usually occurred in the kitchen or lounge room while the adults were watching T.V., reading or chatting. If any children retired to the bedroom, it was always in the company of an adult. All children upto the age of about 11 years slept in the same room as an adult and many of them slept in the same bed as an adult.

All of the children in this family were breast-fed until they reached the age of 12 months. The first solid food introduced to the child's diet was always watery rice, and it was soon followed by the traditional steamed rice. Fish sauce and other such 'hot' foods were given to the child as soon as it began taking solids.

There was no formal 'toilet training' of young children. They acquired this skill in their own way and at their own pace. Until this was achieved, babies and young children wore neither nappies nor any other such garment over the lower part of their bodies for most of the time.

Living in Australia, Stage Two, January 1981-January 1987.

This period was characterised by an increase in interpersonal conflicts within the family and a decrease in the fluid movement which had existed between the three houses. Several factors contributed to the changes which occurred within the family structure, but the main problem was the conflict between traditional Vietnamese attitudes and western influenced attitudes. This was well illustrated by the situation which arose when Nguyen Van Hai married.

In the early part of Stage Two, the traditional custom of the youngest married son and his wife living with the son's parents was adhered to. Thus, the newly married bride moved into her parents' in law household. However, there was a strong conflict between the traditional expectations which the parents in law had of their daughter in law and this young woman's rather western influenced ideas and attitudes. Traditionally, she was to be like a servant to the rest of the household, so that for example, not only was she expected to wash her husband's clothing, but also any clothing that other members of the household wanted her to wash. Cleaning and washing up were always regarded as her responsibilities and with regard to cooking, she was expected to function as a kitchenhand to her mother in law. This meant that at no time could she decide to prepare a particular dish of her own choice. In addition to these practical expectations, she was also expected to dress modestly, behave quietly and correctly and be totally subservient and respectful to her husband and his parents. This required that she should never voice an opinion, never disagree with other members of the household and never refuse to perform a duty or task demanded of her.

Such a situation was unbearable to the daughter in law who, while prepared to do her share of household chores, also needed time to pursue her studies and was inclined to express her opinion on a wide range of issues.

The conflict which developed between the daughter in law and her parents in law created serious problems for her husband who was placed in an awkward and embarrassing

position. If he acted according to tradition and pleased his parents, he would reprimand his wife and somehow bring her under control. If he sided with his wife, he would displease and disappoint his parents, bringing shame upon the whole family. At first, he tried discussion and compromise. By explaining the parents' attitudes and by attempting to seek understanding and tolerance from his wife, he hoped that she would adjust to the parents' demands, and by explaining some of the wife's difficulties he hoped that his parents would mellow. When this approach was unsuccessful and he was ridiculed by senior members of the family, he resorted to aggression and violence towards his wife resulting in her return to her own parents' home.

The situation was finally resolved, in part, by abandoning tradition and re-arranging households 1 and 3, so that the composition of the houses was as follows:

Household 1. :Father, mother, married daughter 2, son in law 2, their baby son, single daughter.

Household 2. : Unchanged.

Household 3. :Married son 1, his wife and three children, married son 2, his wife, an unrelated male boarder from the same town in Vietnam, whose wife and children were still in Vietnam.

Family Cohesion, Stage Two.

During this period five inter-related factors affected the overall cohesion and function of the family network.

Firstly, there was a general pre-occupation amongst the adult males with employment difficulties and problems. They now realized that suitable employment was both difficult to find and difficult to keep, and they were experiencing the problems of working long and awkward hours while work was available, in dirty and/or boring jobs that were the only jobs to be found. Thus, they had neither the time nor the inclination and energy to socialize as they had done before.

Secondly, a number of the adults had become demoralized, disillusioned and despondent about life in Australia. This was partly caused by the employment situation, but their

failure to achieve satisfactory progress in English communication skills and their awareness of a hostile atmosphere regarding Asian immigration, resulted in a tendency to remain at home during their leisure hours rather than be seen walking in the streets.

Thirdly, the younger children had now developed friendships with Australian children and preferred to play with the Australian friends rather than with their siblings and cousins. These children also began to identify more with Australia than Vietnam, speaking in English more frequently than in Vietnamese and adopting Australian habits and attitudes.

Fourthly, the older children were constantly engulfed by school-work and the accompanying problems of mastering the English language and keeping up to date with assignments and other studies. Spending most of their spare time in completing such tasks for school and being concerned about their ability to achieve a high standard, reduced the number of visits that they made to the other households.

Fifthly, the three youngest adult women in the family began to adopt some western ideas in both dress and behaviour. This created problems between these women and the rest of the adults. The most significant issue at this time was the relationship which had developed between the single daughter and her boyfriend. He had been visiting the household for several months, meeting the young woman only in the company of members of her family. However, at this time the relationship intensified and although the young woman's parents clearly expressed their disapproval, the couple began courting like a western couple. When the situation between the daughter and her family deteriorated, the couple eloped to the eastern states.

Family leadership, Stage Two.

The father's role as head of the family had been gradually diminishing with time, due to the reasons discussed earlier. The tendency towards three separate

households at this time led to each of the married men competing to take over as head of each household. In household 2, in which the eldest married daughter lived with her husband and six children, the husband became the head. However, in household 1, sons in law 2 and 3 fought to take over control from the father, and in household 3, the two married sons vied for leadership.

Considerations of age which would traditionally prescribe the hierarchy of leadership, had already been discarded during Stage One as a result of linguistic and cultural issues. Now, the sons and sons in law remained clearly ahead of father, and each privately thought that he was the most suitable. In household 1. son in law 2 was older and had more children than son in law 3. However, son in law 3 had a wider knowledge of the Australian language and culture and being a more enterprising individual,was now operating his own business from the house. Thus, in practical terms he was the 'head' of the household though there were undercurrents of discontent both from father and from son in law 2. Similarly, in household 3, son 1 was older and had more children, but son 2 had the superior knowledge of Australian language and culture and a more prestigious occupation. A constant conflict existed here and was only partly solved by each of the nuclear families leading separate lives while living under the same roof and sharing the kitchen and bathroom.

Problem Solving, Stage Two.

Reliance on the family network for emotional support and practical assistance decreased considerably. This was partly due to the fact that each household had become a separate entity and now had its own transport, fishing nets, gardening tools, cooking utensils and other such essentials, partly due to the fact thatthe family's pace of living had accelerated to suit Australian conditions and that most people therefore had less time in which to assist others, and partly due to the fact that inter-personal conflicts had affected some relationships and caused rifts within the family.

In an endeavour to solve both emotional and practical problems individuals began to turn to government, church and community organizations. Seeking such assistance, outside the family structure had previously been a foreign concept and was thus still viewed with some suspicion by the older members of the family. However, the younger adults who were apt to choose the most convenient aspects of both Vietnamese and Australian cultures, developed the confidence and the skills for obtaining help. Nevertheless, the previously mentioned tendency to ignore problems which seemed to be insurmountable, persisted.

Child Rearing Patterns, Stage Two.

At this stage, when movement between houses and reliance on relatives outside the immediate household diminished, the special 'bonds' between aunts/uncles and nephews/nieces decreased. However, within each household, the sharing of responsibilities for children continued. Thus, in household 1 the children of two couples, had six adults to turn to for attention: Their parents, their aunt and uncle and their grandparents. It is also interesting to note that during this time, when an unrelated man began boarding with household 3, he too shared in the duties involved with the children of that household and was called and treated like an uncle.

Breast feeding of babies continued, but there was now a tendency to provide supplementary feeds of special 'baby' milk by means of a bottle, if the child appeared to be disturbed or hungry. Thus, most of the babies who were born in Australia were weaned by the time they were about three months old.

It was during this time that nappies, both cloth and disposable, began to be used in households 1 and 3. This appeared to have been brought about by the younger women's 'training' at the local maternity hospital. The three women concerned had all become pregnant in Australia, had attended hospital sessions both before and after the births and had thus received verbal and practical instruction

on Australian methods and attitudes regarding babies and their care. The fact that these women were already prone to accepting some western ideas and patterns of behaviour, is probably another reason for their attempt to use nappies. However, in household 1 where grandmother had a stronger influence over daughters 2 and 3 and more involvement with these grandchildren, nappies were only used in the Australian way for outings and if visitors were expected. Usually, they were used as towels, blankets, or simply wound around the baby loosely.

The practice of constantly carrying babies and very young children continued. The women were adept at successfully executing a wide range of daily tasks such as cleaning and chopping vegetables, stirring and pouring hot foods and washing dishes, while holding a child on one hip. Whenever the need arose to use both hands, the child was handed to another person to hold, rather than putting it down.

Conclusions.

In the final analysis, when considering the family structure as a whole, no part of family life remains totally intact. For example, while it is true that the entire family continues to speak the Vietnamese language, the individual members of the family do not all speak with the same fluency or with the same accents that they had spoken in Vietnam. Most of the children and some of the younger adults are now speaking Vietnamese less fluently, with a touch of an Australian accent and with the insertion of English words and phrases. Therefore, as the discussion thus far indicates, any continuity that exists is maintained by the older members of the family. The aged parents, their eldest daughter and her husband, and their eldest son and his wife are the six individuals in whom continuity of religion, language, traditional methods of preparing and cooking Vietnamese meals, net-making and fishing, traditional medicine and traditional

Vietnamese attitudes of thought and behaviour, are dereliction.

At present, these six adults continue to practice their religion as fervently as they had in Vietnam, attending [illegible], performing religious rituals both in their homes and at church and maintaining a close affiliation with the church, as they had done in Vietnam. They continue to speak Vietnamese in the same form as they had used in Vietnam and attempt to teach this style of Vietnamese to their children. These are the members of the family who are responsible for the growing of essential herbs, vegetables and fruits which are used in the preparation of Vietnamese meals. It is also these same six people who continue to produce traditional Vietnamese delicacies such as dried meats and fish, and pickled vegetables.

Fishing and its accompanying activity of net-making continue to be a part of the life of the family. However, it is the older members of the family who yearn for this pass-time and who coerce the younger ones to join them. The three older men are the net-makers and although some adaptations are made from time to time, to suit the Australian conditions, the general technique is the one they used in Vietnam.

The aged father is the acknowledged expert in the family, on traditional medicines and cures. He is believed to possess not only a wise and broad knowledge on the subject, but also special, curing skills. Although most of the members of the family pay verbal tribute to his ability to cure, only the older people continue to seek his advice and treatment. There are atleast five traditional methods of treatment which Dr Nguyen senior has used and continues to use in Australia, and some of these are also practised by his wife and his eldest daughter.

As mentioned earlier, the issue of traditional

Vietnamese attitudes of thought and behaviour has caused the most change and created the most conflict within the family, fragmenting the overall structure of the family. While the six older members continue to keep the old conventions and customs, they become increasingly disturbed and disappointed by the younger people's rejection of traditional values such as: Respect and obedience towards one's elders, subservience to one's husband, one's duty to one's family, modesty in dress and behaviour.

Many of the practical changes which occurred in areas such as housing, shopping, cooking and employment were inevitable, affecting the entire family at a relatively early stage of settlement. Other changes such as those related to family cohesion, family leadership, problem solving and child rearing were of a more subtle nature and developed more gradually. However, although the Nguyen family has encountered various changes some of which have brought about problems and conflicts within the family, it remains a relatively close-knit unit in which many aspects of Vietnamese culture and tradition are preserved and transmitted.

Taxonomy of Occupations

Individual	Vietnam 1977	Australia Stage1. Feb 80-Dec 80	Australia Stage2. Jan 81-Jan 83
Father	Fisherman	Unemployed	Pensioner
Mother	Farm labourer	Home Duties	Home Duties
Son in law1.	Fisherman	Unemployed	Factory hand (Casual)
Daughter 1.	Home Employed (Processing fish)	Home Duties	Home Duties
Son 1.	Cyclo driver	Unemployed	Factory hand (Casual)
Daughter in law1.	Home Employed (Dressmaker)	Home Duties	Home Duties
Son 2.	Fishermen	Factory hand (Casual)	Electronic assembler
Daughter in law2.	Student	Student	Home Duties/ Student
Son in law2.	Fisherman	Unemployed	Welder (part time)
Daughter 2.	Home Employed (Processing & selling fish.)	Unemployed	Home Duties
Son in law 3.	Student	Kitchenhand	Own business
Daughter 3.	Home Employed (Processing & selling fish.)	Student	Home Duties/ Assists in business.

Taxonomy of living patterns

Area of life	Vietnam 1977	Australia Stage1. Feb 80-Dec 80	Australia Stage2 Jan 81-Jan 83
Housing Arrangement	3 houses near each other	✓	✓
Type of house	One open large room, partition, cooking & washing at rear.	Four.roomed houses, incl. inside kitchen & bathroom.	✓
Sleeping Arrangement	Adults & chn in one room, often on one bed or on floor.	1)Adults & chn under 11 years in one room. 2)Chn over 11 years in other room.	✓
Beds	Wooden beds, no mattresses. Some straw matting.	Mattresses on floor.	Western beds & mattresses.
Bed Covers	Nil or a sheet.	Blankets	Sheets & blankets.
Cooking Area	Separate from eating area. Often at rear in semi open.	Within house. Often in eating area.	✓
Cooking Method	Semi open fire. Using coals.	Stove. Using gas. Electric rice cooker.	Stove. Using gas. Electric rice cooker. Other electric appliances.
Cooking Ingredients	Sea foods, rice, sweet potatoes, a wide range of vegs & herbs, fish sauce & other sauces.	Rice, limited range of vegs. Fish sauce & other sauces.	Very nearly the same as in Vietnam, due to growing own.

Taxonomy of Living Patterns (continued)

Area of Life	Vietnam 1977	Australia Stage 1. Feb 80-Dec 80	Australia Stage 2. Jan 81-Jan 83.
Eating Utensils	Bowls & Chop sticks.	✓	✓
Getting together for Meals.	About once a week.	About once a fortnight.	About once every two months.
Shopping	Every day. (No refrigerator)	Two or three times per week.	Once a week. (use of refrig. & freezer.)
Bathing	Tubs & basins. (No running water.)	Baths & showers. (scheme water.)	✓
Fishing	Every day except holidays or storms.	About once a week, in fine weather.	About once a fortnight in fine weather.
Participants in Fishing.	Father, son 2., son in law 1.	A family pic-nic. (Anyone who wanted to go, incl. women & chn.)	Father Son in law1. Son 1. Friends.
Fishing boats owned by family.	One	Nil	One
Medical care	Trad. Med.= 90% Western Med=10%	Trad.Med.=75% Western Med=25%	Trad. Med.= 50% Western Med=50%
Breast Feeding	12 months	6-12 months	3 months
Language spoken at home.	100% Vietnamese	✓	Adults 95%VN Teenagers:80%VN Children :60%VN
Driver's Licence	Nil	2 men	5 men 3 women
Cars owned by family.	Nil	2	8

Adult siblings of the Handicapped: Early family relationships

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Disabled people and their parents have justifiably been the focus of a great deal of recent research. Public awareness of the needs and rights of the disabled has increased, and the difficulties faced by parents of exceptional children have been well documented, with consequent attempts to alleviate some of the distress involved.

However, given what we know of the family as a system (e.g. Boszormenyi-Nagy & Spark, 1973; Minuchin, 1974), it is remarkable that so little attention has been paid to the normal brothers and sisters of the disabled. It is to be expected that difficulties in one family member will have complex repercussions in all other family members as a result of their systemic interdependence. The work discussed in this paper represents the beginning of a project to investigate the family dynamics of handicap, focussing on the siblings of the handicapped child.

Past research on siblings of the handicapped has been conducted to some extent in isolation because of the paucity of information on normal sibling relationships. It thus seems even more unfortunate that so many

researchers have not dealt directly with siblings but have asked mothers or teachers about them (e.g. Breslau, 1982; Schwirian, 1976). Results from such studies have on the whole, been based on associations with demographic data. Although this is one way of presenting a simple picture, it misses the qualitative complexities of family interaction.

In the absence of interesting hypotheses arising from earlier research or from clearly formulated theories, it seemed appropriate to begin this project by asking adult siblings of the disabled about their early family experiences. The goal of the exercise was to discover which issues were deemed important by the siblings themselves. One major focus of interest was the question of what makes the presence of a handicapped child in the family a positive experience for some children and a negative experience for others. Are the reasons located in demographic characteristics of the family, such as birth order and the sex of the children, or do they arise from more complex inter-relationships in the family system?

A questionnaire was designed comprising questions arising from clinical and research literature, anecdotal evidence and my experience in working with the disabled and their families. Although many of the questions required an initial forced-choice response as a means of

encouraging the respondent to focus on the issue, nearly all of the questions called for an expanded, descriptive answer. Attempts were made to frame questions in a manner that would encourage respondents to define their own terms and to introduce issues other than those raised in the questionnaire.

Two Victorian newspapers and a Melbourne radio station gave publicity to the project in June, 1983. calling for "people over eighteen who have or had a handicapped brother or sister" to contact me at the University of Melbourne. No definition of handicap was given. Within about three weeks, 250 questionnaires had been sent out. By the time analysis began (in August) 169 completed questionnaires had been returned. These were clearly the result of a great deal of thought and effort on the part of the respondents; in some cases it had been a painful exercise to uncover old sorrows or to reflect upon previously unconsidered family issues.

The following discussion is based on an analysis of 151 of the questionnaires. Eighteen were excluded from formal analysis for reasons set out in Table 1.

Insert Table 1 about here

After briefly examining some demographic characteristics of the sample, this paper will focus on

the perceived effect of the handicapped sibling on the respondents' family relationships. Specifically, the relationships with mother, father, normal siblings and the extended family will be discussed as well as the respondents' assessment of the impact of a handicapped child on the family as a whole.

Demographic Characteristics

The respondents expressed a wide range of attitudes and appeared to have a variety of reasons for volunteering for the survey. They were heterogeneous with regard to age (range 17;10 to 76) father's socio-economic status (although weighted towards the managerial-professional end of the scale) and family size (2-12 children in the family of origin, mode = 3). The majority of respondents (75%) were female, although their handicapped siblings were equally divided between the sexes and almost half (48%) of the respondents and their siblings were same-sex pairs. Most respondents (72%) were older than the handicapped sibling and 3% were twins.

Throughout the paper, data refer to the 151 respondents; between them they had 127 handicapped siblings (45 of the respondents came from 21 families). Intellectual disability (42%) and Down's Syndrome (21%) were the major categories of handicap. (Details are presented in Table 2.) In the majority of cases (46%) the handicap was assessed as 'moderate'; the rest were almost

equally divided between 'mild' (25%) and 'severe' (29%). Nearly all of the disabilities (81%) were present at birth, a further 12% occurred before two years of age and the rest arose in early childhood.

Insert Table 2 about here

Prior studies have found some of these demographic characteristics to be significantly associated with a sibling's ability to cope with handicap. For example, Grossman (1972), in an important study of young adult siblings, found that older siblings coped better than those who were younger than the handicapped child. Exploring this relationship further, Breslau (1982; Breslau, Weitzman & Messenger, 1982) found an interaction between birth order and sex: younger male sibs scored higher on psychological impairment (based on maternal information) than older males, whereas older females were worse off than younger females. Another variation on this theme suggested that female siblings of Down's Syndrome children were more disturbed than controls but males were not (Gath, 1978). Furthermore, it has been suggested (Grossman, 1972) that there is more embarrassment over a handicapped sibling of the same sex than one of the opposite sex.

In the present study, none of these factors was found to be significantly associated with the adjustment of siblings. Such a result is not surprising when it can be concluded in a detailed study of normal siblings (aged 4-12) that "sibling relations and interactions are not a unitary phenomenon even for children of the same age" (Minnett, Vandell & Santrock, 1983; 1071). As would be anticipated in a complex system, the issues considered significant by the siblings of handicapped children revolved around relationships with all members of the family and could not be simply aligned with accidents of birth order or sex.

It has been noted that lay people in fact use open system concepts to structure their experience (Kotler, 1975). For example, they refer to normative standards for action and for interaction between family members. This is consistent with the notion that inbuilt criteria are intrinsic to the functioning of self-regulating systems. They are also aware of interaction with extra-familial networks. The responses made in the questionnaires under discussion reflect this systemic awareness.

Respondents were asked about the effect of their handicapped sibling on their relationships with their mother, father, normal siblings and extended family. They were also asked to assess the impact of the handicapped on the family as a whole. Answers were categorised as

positive effect, negative effect, mixed effect and no discernible effect (which includes 'don't know'). Results are summarised in Table 3.

Insert Table 3 about here

Relationship with Mother

The most detailed and elequent responses usually concerned the relationship with the mother. It has been found in a study of normal siblings relationships (Dunn & Kendrick, 1982) that the mother's state after the birth of a second child is of a great importance in the attitude of the older child to the new arrival and to their continuing interaction. The birth of a handicapped child or early diagnosis of disability is a bitter blow to which parents take some time to adjust (Cummings, Bailey & Rie, 1966; Drotar, Baskiewicz, Irvin, Kennell & Klaus, 1975); it is to be expected that the relationship between mother and other children (older and younger) will be infiuenced by this event even more profoundly than by the birth of a normal child.

In the current sample, 39% believed that their relationship with their mothers had been adversely affected by the birth of a handicapped child. The sheer amount of time mothers spend with disabled children can leave the others feeling neglected, forced to be mature

and independent too early, and unwilling or unable to add their own problems to the mother's burdens:

> (129) I was expected to be coping, capable and helpful - and no trouble We are still very close - but I do and have always felt 'secondary'.
>
> (124) I felt I had to shoulder any burdens I had because I was supposedly able to cope. ... I was very self-conscious about him during my adolescence, but I was unable to discuss this with her. I became resentful. ... I have a lot of problems at present, but it seems they have had their share, and can't help me now.

The repercussions of the mother's distress and emotional exhaustion were also experienced negatively by some respondents:

> (71) My mother seemd absorbed in the difficulties created by C's handicap - she was often exhausted, angry and frustrated and at these times I felt resentment towards C and my mother because I felt I didn't receive a fair share of her concern.

It may have been because of their preoccupation and their unwillingness to face more problems that some mothers were seen as insensitive to the difficulties confronting their normal children:

> (38) I was upset that my mother had never explained my sister's problem with me and that no consideration was given to me regarding the problem.

However, parents can be seen to err in both extremes. A few respondents wrote that their relationsh'p with their

mother had been negatively affected because she, and sometimes both parents, had failed to give adequate attention to the handicapped child.

> (128) I feel angered at both my parents for lack of understanding and effort to truly help him. They have neglected their responsibility to their son and have lost my respect in this regard.

No effect at all was perceived on their relationship with their mother by 27% of the sample. In many cases, respondents wrote that the mother had striven to give equal time to all children or to compensate to the normal children in some way; in others, it was impossible to imagine any other kind of relationship. In some replies, the relationship was described as bad anyway rather than good.

> (70) Both Mum and Dad have never allowed it to interfere with parent-child relationships. My relationship with my parents is the same as all of the relationships of my friends and their parents.

An almost equal number (26%) believed that their relationship with their mother was better because of the presence of a handicapped child. For many, a great intimacy had developed.

> (113) Mum is my best friend. Being the eldest, Mum depended on me for help at all times. Not only in the physical, everyday household running. But also emotionally - as a support and, as her marriage broke down, as an ally.

The same reliance, particularly upon eldest daughters, was elsewhere cited as a source of distress. Divergent qualitative perceptions of apparently similar circumstances also emerged in other areas, the result, it seems, of undefined 'individual differences' which await further controlled testing for clearer definition.

Other respondents wrote that they had a better relationship with their mother because they were impressed by her care for the handicapped child. Several went on to say that because of this, they felt they could also count on her support if it were necessary.

Finally, some children born after the handicapped child believed that they were received with much more pleasure because of their disappointing older sibling:

> (76) I have an extremely loving relationship with my mother. I adore her and she adores me. I believe it was because I was born a perfect baby only sixteen months after may handicapped brother. I believe my parents were so delighted with my birth that a wonderful relationship was formed.

However, this realisation of the joy of a 'whole baby' was not always a source of pleasure:

> (132) I used to feel if Tessa was okay I would not be wanted.

Only 8% perceived a mixed influence on the maternal relationship; this was frequently a combination of increased intimacy and inadequate time available to spend with the mother:

(33) Better - we were close as a family in a supporting role. Worse - we were preoccupied with my brother. I feel I did not get a lot of encouragement for my own development.

Having described perceived inadequacies in maternal care, many respondents said that, as parents themselves, they now understood and sympathised with the difficulties with which their mothers were grappling. For some, this had led to a warm adult relationship which replaced the distance or resentment of childhood:

(116) Edward seemed to get all the attention (and pity). My mother said 'he needed more love'. Now I realise she meant 'he needed to be SHOWN more love'.

(122) As a child I considered her a very hard, cynical woman but I now realise the strain of caring for a mentally ill child/adult made her so.

Relationship with Father

Where fathers are concerned, nearly half the sample (45%) could perceive no effect of the handicapped child at all. The difference between father and mothers (27% unaffected: see Table 3) may represent a combination of young children's greater dependence on the mother and the heavier demands made upon her (than on the father) by an abnormal child. Most of those who claimed that the relationship was unaffected attributed this to the fact that their father treated all the children in the same way. A few said that the father was already detached or alcoholic before the disabled child was born.

Of the 33% who saw a deterioration in the relationship, a substantial number believed that the father was unable to cope with handicap and withdrew from the family emotionally or physically (either through immersion in work, frequent travel or divorce). Some of these respondents felt the pressure of having to compensate to their father for an inadequate sibling:

> (53) Dad found Roger's handicap difficult to accept and withdrew from the family. He is unable to tolerate disorder and consequently my sister and I had to be 'perfect' in order to gain time from him.

Yet other fathers were absorbed in the handicapped child, leaving the normal sibling feeling neglected. In some cases, family subsystems were completely re-aligned, and greater intimacy with the mother ensued in the wake of the father's absorption elsewhere.

There were also those, of course, who disliked the inadequate care given by their fathers to the handicapped child. Similarly, much resentment was expressed over the different standards of behaviour demanded by fathers who were unfairly lenient to handicapped children, as well as regret that he made no allowances for them. As with most other relationships, fathers were resented for omission and commission of the same behaviour; they were also praised for identical reasons. For example, one respondent felt her relationship with her strict father

had improved because his gentler demands on his handicapped daughter caused him to mellow towards all his children. Clear analysis becomes difficult under these circumstances because so many factors intrinsic and extrinsic to each normal sibling operate to create a positive or negative experience of family life.

The main reason given for an improved paternal relationship (15% of the sample) was that the normal sibling became closer to the father whilst mother was absorbed with her handicapped child. This was often accompanied by a deterioration in the maternal relationship. Whilst some respondents expressed this reciprocal pattern, others seemed to relate to their parents independently (with either similar or different assessments of the relationship) or as a unit (both perceived in the same category because they acted in concert to "be fair" or to devote their lives to the handicapped child). No consistent pattern of responses or reasons which would help to illuminate these inter-relationships could be discerned, including the sex of the respondent or handicapped sibling, family size and other demographic variables.

Some respondents felt that their fathers paid extra attention to them because they were bright and normal, a contrast to their disabled sibling. Others admired the positive manner in which their fathers coped with difficulties, and drew close to him as a result.

The main reasons for a mixed influence on the relationship (7%) was that the problems had created intimacy, but that fathers could not confront or deal with handicap. This was rarely mentioned for mothers, although frequently mentioned for fathers. There was no apparent difference according to the sex of the handicapped child.

Comments throughout the questionnaires emphasised the importance to the well-being of each child of the attitudes of both parents to their handicapped and normal children. More accurately one might say that it is the way in which children perceive the attitudes and behaviour of their parents which is crucial. The subjective nature of family experience, differentially evaluated by each member, was exemplified by the constrasting views expressed by many of the respondents who were themselves siblings. Others volunteered the opinion that a particular brother or sister would disagree about the impact of the handicapped sibling, or that the effect had differed for each normal child in the family.

Relationships with Normal Siblings

The importance of familial bonds within a generation as well as between generations is revealed in the assessment of the impact of a handicapped child on normal sibling relationships. As Table 3 indicates, father and siblings are rated almost equally, with a discernible effect on 55% of each type of relationship. These

percentages, of course, exclude the twenty respondents with no normal siblings.

Most of the 'no effect' respondents (45%) claimed that their relationship with siblings seemed to be the same as in families without a handicapped child. Some of them attributed this to the care their parents had taken; a few others said it was because of the position of the handicapped child in the family, although there was no consistent pattern to this.

The 'mixed' group (8%) consisted mostly of those who saw differing impacts of the handicapped sibling on their relationships with each of the other siblings. Of the rest, a few had turned to an older sibling for 'mothering' in the absence of adequate maternal attention; this was bound to be unsatisfying in some respects (Bank & Kahn, 1982) but led to greater intimacy. Another respondent described competition for scarce parental time, but added that her sister "gave me a normal reference point" (147). The absence of a normal sibling was a source of sorrow in most two-child families; the disabled child was an unfulfilled promise of a satisfying brother or sister.

The reasons for a positive effect (21%) reflected a sense of greater closeness and intimacy, which may have been brought about by shared confidences, social isolation, parental distance or protection from harsh responses outside the family:

> (113) I guess we banded together to protect ourselves from outside pressures from friends who just didn't understand what it was like.

There were three main reasons for believing that the presence of a handicapped child had been to the detriment of other sibling relationships: competition for parental attention, resentment over unequal help given to the handicapped sibling; and a sense that other siblings failed to care enough. These are examples:

> (142) Sister and I always vied for the little attention our parents had left over - still don't get on with her.
>
> (133) Being the eldest, I felt I was forced to look after the baby more than my brother.
>
> (8) I sometimes become angry and feel that my other sister and brother don't take care of her more and relieve me of some of the responsibility I feel for Kate.

Relationships with Extended Family

For some respondents, members of the extended family filled the gaps left by preoccupied parents and alienated siblings. This was one of the reasons given by 17% of the sample for the handicapped child having a positive effect on wider family relationships:

> (38) Because of my mother's attitude to my sister's problem, my other relatives seemed to be closer to me and I could discuss my feelings with them.

The quotation also expresses how important it was, for many respondents, that an aunt or grandparent (for example) understood and supported them. Some stayed with relations on their own, and appreciated the chance this gave them to escape from the tensions of the immediate family whilst remaining in the extended family system.

Of those 23% who believed that their handicapped sibling had had a negative impact on relationships with extended family members, some resented the fact that they were expected to go visiting on their own, without the handicapped child. The reasons for a negative impact are about equally split three wayr between a sense that the extended family gave too little attention to the handicapped child, too much attention to him or her, and that the nuclear family was too preoccupied with him or her to mix with the wider family.

> (98) They all thought Keith should have been sent to an institution and never offered help or support.
>
> (21) Extended family: all attention was focussed on Sarah, always the topic of conversation, and I felt very inadequate. I grew up, I'm sure, with the impression one must be handicapped to be loved.
>
> (81) We rarely visited any of our relatives because Craig's behaviour was rather unpredictable.

One respondent sympathetically summed up the difficulties experienced by those beyond the nuclear family in coping with handicap:

(37) I have seen it from the discomfiture of an aged, ailing uncle left to look after her for the day, through all sorts of family juggling to avoid having to include her in an invitation, on down to the baffled puzzlement of children at what seemed to them bizarre.

The 5% who saw a mixed result usually did so because of varied reactions from relatives. However, more than half (55%) felt that there had been no effect, either because the handicapped sibling was easily accepted or because relatives lived too far away to be involved.

Impact on the Family as a Whole

Respondents were asked how a handicapped child had affected the family as a whole. Whereas no less than a quarter were prepared to say that specific relationships were unaffected, only 9% could claim this of the family system. (Details are in Table 3.) This could be the result of being able to distinguish subsystems from the larger system and noting differential effects. It could also, however, be because respondents were recording an additive effect: if one member of the family were affected, this constituted an effect on 'the family'. The impression conveyed by responses to the question strongly suggest the more complex view: that respondents were aware of an interactive effect on the system which could be discerned superordinate to effects on individuals or subsystems.

The majority (59%) reported only negative effects. Six central themes emerged, many respondents naming more

than one. These were: stress; restricted activities; family life revolving around the handicapped child; disrupted parental relationship; distortions of subsystem configuration; and overt pathology in parents or children. In each case, the interdependence of family members is apparent as problems of one are seen to have repercussions in the lives of the others.

A constant theme was the high level of stress in the family caused by anxiety about the handicapped child and also, in many cases, by his or her demanding behaviour:

> (143) Lack of sleep; family members constantly on edge; a tendency for the family to isolate itself from other relatives and friends; at various times, a preoccupation of both parents with their perceived guilt at having an 'abnormal' child which led to tension between them.

The stress was often exacerbated by the restriction placed upon family activities (particularly parental life) by a child who was difficult to move around or one whose erratic behaviour embarrassed the family:

> (134) It retarded the development of our family and family activities. We stopped going away for holidays. We would never go out for a meal or to the pictures etc. This meant the family had very few friends to give more support at times.

The lives of some families seemed to the children to revolve entirely around the handicapped sibling to the detriment of everyone else:

(115) When Vincent lived at home it put a great strass on everyone and things were always very tense. No-one ever seemed to look ahead or plan for the future - just seeming to live day by day; trying to get through without anything disastrous happening. Often everyone was very short and snappy with each other.

(91) It meant that everything in family life and ways was made to work around my sister. My sister comes first before anything else.

The fourth theme was the disruption to the parents' relationship, leading to divorce in fourteen cases and very serious problems in eight more; many others mentioned chronic difficulties. One source of dispute was differing views on the best management of the handicapped child.

(2) I feel the whole family suffered badly; my parents' relationship was very often bad, with many arguments and period of silence for sometimes weeks. This would spill over onto the rest.

(99) As a family, Kathy has put a lot of stress on us. Dad, I'm sure, blames himself for her. ... He won't go anywhere because, he says, Kathy will play up. I think he's embarrased by her. My mother disagrees; they fight. Dad blamed everything on Kathy and Mum always stands up for her. ... They fight with her, over her. Their relationship is so tenuous. They certainly haven't had a sexual relationship for years as Kathy has always insisted on sleeping in their bed.

The fifth unhappy effect of a handicapped child was an undesirable change in family sybsystems. The configurations were described as parents plus handicapped child versus other children; one parent and the normal children versus the other parent and the handicapped

child, or any other combination including the extreme of complete fragmentation of the family. The introduction of a 'deviant' family member seemed to have made many respondents aware of subtle systemic forces which they may, under ordinary circumstances, have taken for granted. On the other hand perhaps the usually subtle and fluid alliances and tensions of a family were exaggerated and made manifest by the occurrence of unexpected tragedy.

> (83) I felt it fragmented the family, bringing my parents closer together - so close that they seemed a bit unapproachable, and separating my sisters and myself so that I personally felt very alone.
>
> (81) The family was split, so to speak - there was my father, out by himself, my mother, sister and Craig [handicapped] were together; Peter and myself were together, and rarely was there interaction between all groups, except on Christmas Day! The family was then isolated from the community as a whole.
>
> (48) It resulted in our family coming apart and destroyed for me any feeling I might have had of belonging to something, and made me ultimately an alien existence.

The final adverse effect of handicap was seen to be specific physical or psychological pathology in one or more family members. These included nervous breakdowns, heart attacks, alcoholism, addiction to drugs, stammering in children, stomach ulcers in a 10-year-old boy, promiscuous and unhappy sexual experience, feigned childhood illness (to gain parental attention) and suicide. These disorders were said to have been initiated

or exacerbated by the presence of a handicapped child in the family, and were experienced by parents or normal siblings. The sufferers would, in their turn, affect children, parents and siblings (including the handicapped child), producing a range of the symptoms of distress already discussed.

Of the 18% who emphasised positive outcomes, most felt that the family had been drawn closer together by the disabled child, either because of qualities within the child or because of the need to unite to overcome difficulties. A few referred to God in this context, and believed that their spiritual life had been heightened. Many saw themselves as better, more compassionate people because of their early experiences. Some were just grateful to be normal.

> (17) Each member of my family has become a 'better' individual than we otherwise would have been, i.e. we are much more independent, tolerant, patient, understanding; more involved in community affairs and so forth.
>
> (100) It brought us closer together and more supportive to each other. I grew up with what seems to be a greater awareness of the stresses and strengths of a family. I knew at an early age what it was to get great pleasure out of small events knowing the effort that went into them, e.g. when Melissa learnt to sit up.

Those who saw a mixed outcome (14%) tended to feel that the family was close, that they wouldn't swap the handicapped child for a normal one, but that there were tensions and difficulties.

The rest (9%), who were unable to discern any effects, could imagine the family no other way and said that it was just like having any other sibling:

> (108) Because Quentin was part of the family and had been as far as my memory went back, I never thought of the family as being any other way. It was part of our lives and we all took it for granted. It didn't place any stress on the family that I was AWARE of, although obviously in retrospect it must have been difficult for my mother. But she took it in her stride too.

Conclusions

Two elaborations of family systems theory may serve to elucidate some of the components of effective coping in families of handicapped children. One is the concept of the family myth (Byng-Hall 1973), used here not in the sense of falsehood but as a means of embodying experience in a way which serves to explicate it. For example families who define themselves as 'close', as enriched by the presence of handicap, and as better, more compassionate people as a result of their difficulties, may provide a restricted environment in which individual family members cannot express anger or resentment. On the other hand, they may also provide a useful framework within which handicap may be interpreted to the self and the world as a matter for pride, not shame. Another myth, that "virile men produce strong children" (99), generates shame and embarrassment and makes it difficult for children to perceive the presence of handicap in a positive light.

An effective family myth may permit a satisfactory assessment of "the multi-generational balance sheet of merit and indebtedness" described by Boszormenyi-Nagy and Spark (1973). They developed the second elaboration of family systems discussed here: the notion of the "invisible loyalties" linking previous and subsequent generationas vertically and siblings or mates horizontally. Their dimensions of loyalty, reciprocity and justice are reflected throughout the comments of the current set of respondents in issues such as what was fair to all family members, the presence (or absence) of reciprocity between normal and handicapped siblings and conflicting loyalties between all family members.

The sense of multigenerational justice is highlighted in the attempts of normal siblings, now parents themselves, to compensate their children for the injustices of their own upbringing:

> (127) Only recently have I started to make more fuss over family birthdays, weddings, Christmas etc. Our parents always impressed upon us that this was frivolous and unimportant when compared to Errol's plight but now I have decided that my children won't miss out.

Of course, no claim can be made that this is a representative sample, nor that the problems and pleasures expressed are peculiar to families with disabled members. Nevertheless, these questionnaires make it clear that people have a concept of what family life should be like

and how that idea may be diminished or enhanced by the presence of a disabled child. They also reveal a complex understanding of the family as a system in which all members are interdependent. It is apparent that no longer can researchers cast only a cursory glance at the normal siblings of a disabled child: brothers and sisters are central actors on the family stage.

Acknowledgements

I would like to express my gratitude to all of those who submitted questionnaires for their frank and thoughtful discussion of their experiences. Throughout this paper, all names and identifying details have been changed to protect their privacy. Numbers have been used to distinguish between respondents; these accompany quotations.

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Table 1: Questionnaires Excluded from Analysis

Reason for Exclusion	N
More than 1 handicapped sibling	11
Handicap resulting from late childhood accident	3
Respondent younger than 17;6	2
Handicapped child fostered after sib lift home	1
Respondent not a sibling but a mother	1
	18

Table 2: Type of Handicap Represented in the Sample

Handicap	N	%
Intellectual	63	42
Down's Syndrome	31	21
Physical/ ? Intellectual (= cerebral palsy, 20; spina bifida, 5)	25	17
Physical (= post-polio, 4; muscular dystrophy, cystic fibrosis, arthrogryposis, 2 each; osteogenesis imperfecta, kidney disease, heart defect, haemophilia, multiple sclerosis, 1 each)	15	10
Psychiatric (4)/Autistic (6)	10	7
Deaf	7	5
	151	

(The data refer to normal siblings; between them there were 127 handicapped sibs.)

Table 3: Perceived Effect of Handicapped Sibling on Family Relationships and Family as a Whole

	Effect (%)			
Relationship	Positive	Negative	Mixed	None
Mother	26	39	9	37
Father	15	33	7	45
Siblings	21	26	8	45
Extended Family	17	23	5	55
Family as a Whole	18	59	14	9

(N = 151 for all but Siblings, where N = 131, and Father, where N = 148)

Measuring the effect of a home-support service on mothers caring for an intellectually handicapped child

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This paper explores a comprehensive means of measuring the effect of a service to mothers caring for an intellectually handicapped child. A practical "home support" service, designed to assist mothers with housework and child care, has been developed as a demonstration program, funded by the Commonwealth Department of Health. Mothers experiencing a high level of stress were selected for the home support service.

The paper addresses the methodological issues and does not present the outcome as the service is still in progress. The evaluation framework for the Home Support Service will be presented in the following way. Firstly, the rationale for, and the objectives of, the Home Support Service will be discussed. Secondly, an evaluation design, using a framework based upon stress theory, will be presented. Thirdly, the paper will examine the main components of the stress framework as they apply to the Home Support Service.

RATIONALE FOR THE HOME SUPPORT SERVICE

There are many potential stressors and thus potential crises in the lives of families who have an intellectually handicapped child. Common times of acute stress are during diagnosis, explaining the handicap to family and friends, and finding suitable resources. Chronic stress is often experienced by families over the burden of caring for a handicapped child, the difficulty a parent has in finding time for one's self, demands by other children and differences of opinion and levels of adjustment between spouses (Bayley 1973, Berdie and Selig 1981).

Other studies have highlighted the particular difficulties faced by many mothers with a handicapped child. It is usually the mother who carries the primary responsibility for caring for the handicapped child and as a result the mother's health or well-being often suffers to a greater extent that others in the family (Wilkins 1979, Unger and Powell 1980). Studies by Cummings, Bayley and

Rie (1966) and Suelzle and Keenan (1981) have found that comparable mothers caring for an intellectually handicapped child have significantly poorer physical and mental health to mothers with a normal child. A recent survey of families with an intellectually handicapped child in South Australia found that the mother was most often the person in the family (including the handicapped person) who had the greatest difficulties (Anstey 1982).

Two societal trends have exacerbated the position of many women caring for a handicapped child. Firstly, recent social policy in the field of intellectual handicap has seen a thrust towards community services. Care in the community as opposed to care out of the community, (i.e. institutional care) has been the catch cry. As yet, however, community services have not been adequately developed and community care is often synonymous with care by overworked mothers, (Bayley 1973). Secondly, the changing role of women from that of traditional housewife and mother to participating in the workforce, has created role conflicts for some women caring for a handicapped child who are unable to work.

PRINCIPLES AND OBJECTIVES OF THE HOME SUPPORT SERVICE

Mothers caring for an intellectually handicapped child are, therefore, often confronted with particular difficulties. Firstly, there is the shock and grieving surrounding the birth of a handicapped child. Secondly, there is the extra work directly and indirectly involved in the ongoing care of a handicapped child. Thirdly, there are the common restrictions on a mother to pursue personal achievements, such as a career and further education, sporting and social activities.

The Home Support Service is designed to assist mothers with some of these problems. The first objective of the service is to reduce the workload of the mother by providing a person to do some of the housework and/or child care. The home support provided is tailored to an individual mother's felt needs. This is achieved by:-

1. Including each mother on the interviewing panel to select the home support assistant.

2. Allowing each mother to employ the home support assistant in whatever role seems most appropriate at the given time.

"Felt" need is a basic principle underlying the philosophy of the home support services. Wilkins (1979) argues that the mother's subjective assessment of her own needs is more relevant that her needs as assessed by professionals. This is supported by Bradshaw and Lawton (1979) who found that the mental well-being of mothers was influenced by how they perceived their particular situation.

The second objective of the Home Support Service is the provision of emotional support to enhance the mother's self-esteem through the development of a close one-to-one relationship between the mother and her chosen home support assistant. The third objective is the sharing of skills and information on housekeeping and child management with the home support assistant, who is an experienced mother herself.

Mothers are often more able to articulate their needs for practical services such as child care and housework, rather than their need for social and emotional support. The provision of a practical service is considered to be an initial way of working with the mother, steadily gaining her trust and an understanding of social and emotional needs which are far more difficult to accurately define. The Home Support Service is considerably more intensive and continuous than most other community services provided to families with an intellectually handicapped child. By basing the service upon the principles

of felt need and one-to-one service delivery, the investigators are confident they can provide an effective service.

APPROACHES TO EVALUATING THE HOME SUPPORT SERVICE

Most evaluation studies of community services tend to monitor service processes or involve simple outcome measurement. Initially, the criteria selected upon which to measure the outcome of the Home Support Service were the mothers' levels of satisfaction with specific daily tasks and her general mental well-being. The instruments used to measure these criteria were the Malaise Inventory (Rutter 1970), and Diary Sheets designed by the investigators. A single subject design was preferred to an experiemental control design because of the importance of the concept of felt need, which dictates a highly individualized service to each mother.

Early monitoring of the Home Support Service highlighted the need to include measurement of other variables in the evaluation design. It was clear that other factors, other than the Home Support Service, could intervene to influence her level of mental well-being and satisfaction with specific tasks. It was considered necessary to take account of the selected causal and mediating (as well as outcome) factors, which combined to determine these two ascribed aspects of the mother's functioning. Clearly not all of these factors can be measured and therefore a model - a simplified abstraction of the real world - is necessary to encapsulate the main causal, intervening and outcome factors relevant to the subjects.

ADOPTING AN EVALUATION FRAMEWORK BASED ON STRESS THEORY

Current theory on the process of psychosocial stress distinguishes three components -sources (causes), mediators (intervening), and manifestation (outcomes) which provides a convenient means for designing an evaluation framework for the Home Support Service. Various researchers have designed "umbrella" models that contain the broad array of social and psychological conditions that combine overtime to create stress (Andrews, Tennant, Hewson and Vaillant, 1978; Pearlin, Menaghan, Lieberman and Mullan 1981; Lin, Ensel, Simeone and Kuo, 1979). These models each distinguish the three major components of the stress process but have sub-components which are defined and measured in different ways. It is not the present authors' intention to critically appraise these various models of the stress process but rather to use stress theory to structure the evaluation of a program directed toward people experiencing ghih levels of stress.

The essential components and sub-components of the framework of stress for evaluation purposes are shown in the figure below. The stress framework is taken largely from Pearlin and his colleagues but also draws upon the work of other researchers for individual sub-components of the framework.

STRESS FRAMEWORK

Stressors	Mediators	Manifestations
Life Events - contextual threat (Brown 1974)	Social Support - instrumental - emotional - referral/informational (Unger & Powell 1980)	Mental Well-Being (Rutter, Tizard & Whitmore, 1970)
Role Strain - ambiguity - conflict - overload (Orpen 1981)	Coping Mechanisms - eliminate/modify - redefine - control emotionally (Pearlin et al 1981)	Role Satisfaction (Rizzo, House & Lirtzman 1970)
	Psychological Factors - mastery - self-esteem	

According to the framework, the production of stress is best viewed as a process. Manifestations of stress are the result of the complex interaction of the two stressors and two mediating resources contained in the framework. Aspects of the individual's personality can be seen as a third stressor if the person's self concept is adversely affected by the convergence of life events and role strains. Alternatively, a hardy personality can act as a mediator to dampen the effect of the antecedents of stress.

Conceptualizing stress as a process is highly applicable to the Home Support Service. The functioning of a mother caring for a handicapped child can be described as a process involving the birth of her handicapped child (a major life event); the subsequent strains on her as she carries out her various roles, particularly as the primary caregiver in the family; the combined mediating force of her personality, coping skills and social support; and, the eventual outcome (manifestation) of this interaction of these stressors and mediators on her mental well-being and role satisfaction. Each component of the stress process will now be discussed in turn as it applies to the Home Support Service.

MANIFESTATIONS OF STRESS

Stress is a multi-faceted term that subsumes a variety of manifestations. The multiplicity of stress outcomes seems to underlie much of the ambiguity that surrounds its meaning and measurement. While there is general agreement that stress refers to a response of the organism to adverse conditions, there is far less agreement as to where in the functioning of the organism this response is most clearly reflected - bio-chemically, physiologically, or emotionally, (Pearlin, Menaghan, Lieberman and Mullen 1981)

In our research, we have opted for two measures of stress; one situational and the other a global assessment. Each measure relies upon reporting by the mothers receiving the Home Support Service. The global stress measure is the Malaise Inventory which is a measure of mental well-being (Rutter, Tizzard and Whitmore, 1970). The Malaise Inventory is a 24-item scale based upon the Cornell Medical Index. It was chosen for the assessment of the Home Support Service because it has already been used with families (and mothers of an intellectually handicapped child. It was used by Bradshaw and Lawton (1979)to measure the effect of a service on the mental well-being of mothers with an intellectually handicapped child

The other outcome measure which is indirectly related to manifestations of stress is the Diary Sheet. Mother's satisfaction with specific tasks is monitored to detect changes in patterns of these tasks and satisfaction with these tasks. The methodology is similar to that developed by Winett and Neale (1981) in their study of flexible work schedules and family time allocation.

SOURCES OF STRESS

The two sources of stress ("stressors") included in the stress framework are life events and life strains. Life events or eventful experiences are the major "happenings" that result in change. Life strains on the other hand, are the relatively common and persistent problems that are apart of an individual's life. They can be seen as pressure on the roles that people have in their lives and therefore regarded as "role strains".

Life Events

Research into stress has attempted to quantify the amount of social adjustment required for significant life events (Holmes and Rahe, 1967; Dohrenwend and Dohrenwend, 1974; Tennant and Andrews, 1976). Life events scales use a standard list of life events such as the birth of a child and loss of a job. These major happenings are weighted for significance by a sample of the general population. Studies using life event scales have failed to detect significant differences between the level of stress experienced by the mother of a handicapped child and that of the mother of a non-handicapped child, (Barr and Maloney, 1977; Wishart, Bidder and Gray, 1981).

Brown (1974) has proposed a more individually specific index which quantifies the amount of "threat" (i.e. significance) posed by each of the life events. The degree of threat would be rated, using social and demographic information about the person, a detailed description of the life event and its social context.

As the birth of a handicapped child is not registered as a discrete event on standard life event scales, Brown's concept of "contextual threat" is a more appropriate way of measuring the mother's stress, and has been adopted as part of the evaluation of the Home Support Service. This approach would allow the mother to interpret the significance of the birth of the handicapped child for herself, which in turn may also lead to a better understanding of her felt need.

Role Strains

Kauner, Coyne, Schaefer and Lazarus (1981), concerned that cumulated life events correlated only weakly with health outcomes, explored the process over time by which life events might have an impact on health. Their Daily Uplifts and Hassles Scale was found to be a better predictor of concurrent and subsequent psychological symptoms than life event scores. This is supported in the literature on mothers of handicapped children, which consistently documents the daily burden of care and management of a handicapped child (Bayley, 1973; Wilkins, 1979; Wikler, 1979; Berdie and Selig, 1981).

Orpen (1981) distinguishes three major components of role uncertainty which may cause strain. Role ambiguity occurs when an individual has insufficient information to carry out the role adequately. Role conflict occurs when the information is contradictory and the person faces incompatible demands from two or more people or differences between their own standards and what is required. Role overload occurs when an individual is faced with obligations which require more time than is available. These

three areas of role uncertainty can be measured by Role Stress Scale developed by Rizzo, House & Lirtzman, 1970.

The model of role strain has particular relevance in the case of mothers with an intellectually handicapped child. Role ambiguity has been documented by Wikler (1981) who found that parents wanted more facts on the nature of intellectual handicap and information on how tohandle specific management problems. The Home Support Project has also found that most mothers have a poor understanding of their handicapped child's capabilities and that this uncertainty creates added strain. The general debate concerning care in the community as opposed to institutional care out of the community also creates role ambiguity in the minds of many parents.

There is little doubt from the literature that mothers experience role conflict. This may come from lack of time or opportunity to pursue their own personal development (Cummings 1966) and the competing demands of spouse, handicapped child and other children. Cleary and Mechanic (1983) argue that competing demands cause more strain than the demand of any one role. Bradshaw and Lawton (1979) found that mother's who felt they were restricted in their roles, (e.g. help from others with housework, social outings, career oppotunities) scored higher on the Malaise Inventory.

It is generally accepted that the mothers of handicapped children experience work overload. What is often not understood is that apart from the "daily grind" so poignantly expressed by Bayley (1973) mothers are also expected to act as therapists (language, physiotherapy, behaviour management) and fund raisers for the facilities their handicapped children use.

MEDIATING RESOURCES

People confront the sources of stress with a variety of behaviours, perceptions and cognitions. The Stress Framework distinguishes two main mediators; social support and coping, although "psychological resources" is another important sub-component of the framework which can be regarded either as a mediator or a source of stress, depending upon each individual. We will now discuss each of these three mediators as they can be applied to the Home Support Service.

Social Support

The importance of social support in cushioning the effect of life stressors on the mental well-being of an individual has been described by numerous authors (Unger and Powell 1980, Cobb, 1976; Suelzle and Keenan 1981, Winkler 1981, McFarlane et al 1981). A lack of consistency in definition has often hampered efforts to clarify research on social support.

Unger and Powell (1980) have distinguished three types of social support and this framework has been adopted to evaluate social support received by the mothers. Firstly, instrumental support consists of material goods and services to an individual to alleviate financial and economic stress. Secondly, emotional support involves the communication of information to an individual that she is loved, esteemed and mutually obligated to members of her social network. Thirdly, social networks are used by persons to help find information and resources. Each of these three kinds of support can come formally through service agencies and informally through families and friends.

Suelzle and Keenan (1981) found that families with an intellectually handicapped child tend to use each of these three types of social support at different times in the life cycle of their child with emotional support being more important when the child was young. For emergencies, families generally sought informal help from relatives and friends. Anstey (1982) also found that informal help from relatives and friends. were the most valued. Wikler (1979) found that people often feel uncomfortable in the presence of intellectual handicap people and strive to ignore them, thus increasing the social isolation of the family. This problem was also confirmed by the experience of the Home Support Service. In one family, where a totally dependent child spends a considerable amount of time on the floor, relatives literally walk over the child, ignoring him and thereby cutting off any opportunity for the mother to discuss the child's difficulties. Cleary and Mechanic (1983) compared social support for working mothers with mothers at home and found that the social support received through work more than compensated for the added pressure of managing both work and care for their children.

Social support is regarded as an important mediator of stress within the context of the Home Support Service. Most of the mothers receiving the service do not receive sufficient material, emotional and informational support from both formal and informal sources. Social support given to mothers will be measured by a questionnaire designed by taking selected items from existing measurement scales. These scales include the Interview Schedule for Social Interaction (Henderson, Byrne and Duncan-Jones 1981), a five-item measure of social support and an eight-item measure of marital satisfaction used by Cleary and Mechanic (1983) and the social support sub-scale of the Questionnaire of Resources and Stress (Holroyd 1974).

Coping Resources

Coping is probably the most complex of all the elements in the Stres Framework. Pearlin and Schooler (1978) define coping as any response to external life strains that serves to (1) prevent, (2) avoid, (3) control emotional distress. This framework is basically the same as that of Folkman and Lazarus (1980), who distinguished two main coping functions: the alteration of the on-going person-environment relationship (problem focussed) and the regulation of stressful emotions (emotional focussed).

The authors were able to locate only one study which specifically investigated the ways parents coped with an intellectually handicapped child. Friedrich (1974) found that the mother's feelings of security in the marital relationship had the most bearing on her capability in coping with her child's handicap. In a related area of study, Hamburg and Adams (1967) found that parents of fatally ill children coped by seeking information pertinent to diagnosis, responsibility, treatment and ways of coming to terms with the expected loss.

Holroyd (1974) indirectly measures parental coping in her Questionnaire on Resources and Stress and McCubbin, McCubbin and Cauble (1979) have designed an instrument called coping - Health Inventory for Parents (CHIP), which is for parents of a child with cystic fibrosis. For the Home Support Service, a scale is currently being developed on the basis of the above measures. The scale will be designed within Pearlin and Schooler's (1978) framework of three broad coping strategies.

The Psychological Component in the Stress Process

The Stress Framework adopted to assess the Home Support Service identifies two sources of stress and two mediators of stress. A further component in the framework is that of an individual's psychological make-up. Personality and cognitive elements are further determinants of an individual's level of mental well-being (the manifestation of stress used as an outcome measure of the Home Support Service). The manner in which this psychological component interacts with other components in the stress process is not clearly understood. Pearlin and Schooler (1978) have defined this psychological component as a mediating resource intricately bound to other coping resources. In a later publication, however, Pearlin, Menaghan, Lieberman and Mullan (1981) have redefined the psychological component which is now referred to more simply as the self-concept. Self-concept is regarded as a possible source of stress if it is diminished by the other two stressors - life events and role strain. Various researchers have highlighted the importance of psychological factors of a mother caring for a handicapped child, (Wilkins 1979). Cummings, Bayley and Rie (1966) surveyed mothers of handicapped, chronically ill and neurotic children and found that mothers of handicapped children experienced reduced self-esteem and sense of competence in relation to the maternal role, while the other mothers did not.

The Stress Framework for the Home Support Service includes the mother's psychological component which can be viewed as either a source or a mediator of stress, depending upon the extent of the mother's psychological resources. The measurement of psychological resources follows that of Pearlin and Schooler (1978) who distinguish three aspects of an individual's self-concept, namely self-denigration, self-esteem and mastery. These scales are similar to measures currently being developed by Braithwaite (1983).

SUMMARY

This paper has presented a framework for comprehensively evaluating a home-based service. The evaluation framework includes the measurement of salient causal, and intervening, and outcome factors. The authors have used recent theory on the stress process as a basis for designing the evaluation framework because a major goal of the Home Support Service is to reduce the recipient's (mother's) level of stress. Secondly, stress theory offers a convenient framework because it commonly refers to causal, mediating and outcome variables.

Like so many other evaluation designs, we initially intended a limited outcome study using single subject design and a global outcome measure. It soon became apparent however, that there were other critical variables associated with the functioning of mothers. These other considerations concerned the process whereby underlying causes of the mother's problems interacted with the resources available to her. The outcomes for the mother are the result of this interaction.

The Home Support Service focusses primarily upon role strains (in particular role overload) experienced by the mother. Its primary target is therefore, a major source of stress. There are further objectives of the service however, which concern other parts of the Stress Framework. Through the development of a close relationship we are hopeful that the home support person will act as a mediator of stress by providing social support, practical information and by demonstrating ways of coping.

Measures of the various components of the stress process appropriate to the Home Support Service are currently being developed. In most cases, these scales will be based upon instruments already in existence. Detailed field testing of these scales will be undertaken in 1984.

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Social networks and conjugal role organisation: Qualifying the Bott hypothesis

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In the 1950's Elizabeth Bott conducted an intensive study of twenty London families with the aim of understanding their conjugal role organisation. She hypothesized that conjugal roles could be adequately explained in terms of the structure of the family's social network. Conjugal role organisation was defined as the way in which the couple organised their daily tasks and responsibilities; social networks as the set of external relationships surrounding the couple, only some of whom have social relationships with one another.

She identified two main types of conjugal role organisation - "segregated" and "joint". Segregated conjugal role organisation was characterised by "a sharp division of labour between husband and wife in which he had his tasks and she had hers; husband and wife did not share their lesiure time and recreation" (Bott, 1957:3). On the other hand, joint conjugal role organisation applied to those families in which "husband and wife shared many activities and interests, spent much of their time together and had a less rigid division of labour in household tasks" (Bott, 1957:3).

Social networks were also defined as belonging to one of two main types - "close-knit" and "loose-knit". Bott used the term close-knit to describe a network "in

which there are many relationships among the component units" and she used loose-knit to describe a network "in which there are few such relationships" (Bott, 1957:59).

From her analysis Bott concluded that:

> Those families that had a high degree of segregation in the role-relationship of husband and wife had a close-knit network; many of their friends, neighbours and relatives knew one another. Families that had a relatively joint role-relationship between husband and wife had a loose-knit network; few of their relatives, neighbours and friends knew one another (Bott, 1957:59).

The logic of this hypothesis assumes that conjugal roles and social networks are unidimensional concepts. In other words, Bott assumes that they may be measured and analyzed along a single axis or dimension. For example, with regard to conjugal role organisation, Bott implies that couples who are segregated in decision making will also be segregated in their division of labour and leisure activities. Similarly when collecting data on social networks Bott did not attempt to distinguish between the different structural features of a couple's social network. This implies that, as with conjugal role organisation, she is assuming that social networks have a single underlying dimension.

A related problem is that Bott seems to assume that characterizing the conjugal role organization as 'segregated' or 'joint' is relatively unproblematic beyond the question of deriving suitable measures. She takes no cognizance of the view that the experience of marriage, and hence the account given of it to outsiders (advertently by interview, inadvertently by public behaviour) may differ between the spouses. Writing some years after Bott, Jessie Bernard, (1976), spends a whole chapter on 'The Two Marriages', concluding that there "... are two marriages, then, in every marital union, his and hers" (1976:29). If one proposes to study the dynamics of marriage, this duality should be accepted in the research design.

Bott's hypothesis has been a source of considerable interest to subsequent researchers. A number of research reports have appeared which purport to 'test' this hypothesis further. The high level of interest is due in part, no doubt, to the elegance and simplicity of the original idea. Indeed, in his preface to the second edition Max Gluckmann has made this point rather well:

> I know of no study in our whole history which I rank as more stimulating than her attempt to relate types of conjugal roles to the shape of the network of relationships around the family, particularly

> when it is taken with its associated themes of norms, reference groups, and ideologies (1971:xiv).

Nonetheless, it would be wrong to assume that the popularity of Bott's conception has been matched with an equivalent level of research quality. Indeed, writing in the late 1960's over a decade after the first edition of Family and Social Network had appeared, Harris (1969) concluded that only the paper by Turner (1967) had represented an adequate test to that time.

In the present paper we propose to re-examine the Bott hypothesis. We propose to carry out this reexamination first by analyzing the extent to which the assumptions of unidimensionality are in fact sustainable in both the conceptual and empirical senses. Secondly, we shall attempt to investigate the hypothesis in a particular sample of couples. By examining in critical fashion the literature on the Bott hypothesis, and by reporting upon research that we have conducted with a sample of couples in Canberra, we shall evaluate both the tenability of Bott's assumptions and the value of the hypothesis that she proposed.

Turning first to consider the question of conjugal role organisation, we find that a number of authors

have been critical of Bott's definition and application of the concept (Farrell-Bond, 1969; Platt, 1969; Toomey, 1971; Oakley, 1974; Edgell, 1980). These studies suggest that segregation in one area of the marriage does not necessarily imply segregation in every other area.

In a study of 283 affluent workers Platt concluded that her findings made "it highly questionable to regard jointness ... as a single dimension" (Platt, 1969:29). Oakley offers a similar conclusion. She conducted a study of forty London housewives and found that a number of cases [illegible] support Bott's assumption of unidimensionality.

> In other words, marriages characterised by jointness in leisure activities and decision-making are not necessarily those where husbands help a lot with housework and child-care; in a segregated marriage the husband may conversely participate domestically to a considerable extent (Oakley, 1974:145-146).

Edgell's study of a group of middle-class couples in Britain lends support to Platt and Oakley's conclusions. He investigated conjugal role segregation in two areas of family life - domestic tasks and child-care, and found that there was no association between the two. He concludes that "it is not possible to predict a couple's degree of conjugal role segregation

in one area from their degree of conjugal role segregation in another" (Edgell, 1980:36).

Related to this is Bott's emphasis on the normative rather than the behavioural aspect of the household division of labour. Bott was concerned with the couple's attitudes (normative) toward conjugal role organisation as well as their actual behaviour (behavioural). However, by placing too much emphasis on the normative element it is possible that she equated the couples attitudes toward who would be prepared to do a particular task with who actually performed that task in reality. As Oakley points out:

> precise questions about which partner performs which tasks, and how often, are liable to receive different answers from questions phrased in a general way which effectively ask what a husband or wife might or would be prepared to do (Oakley, 1974:148).

The fact that Bott did not distinguish between the normative and behavioural aspects of conjugal role organisation may go some way towards explaining her assumption that conjugal roles are unidimensional.

There has also been much criticism of Bott's definition and application of the concept of "social network" (Barnes, 1972; Mitchell, 1973; Kapferer, 1973). Barnes argues that Bott is unclear about her

unit of analysis. Although she states that she will treat husband and wife as a single unit for the purposes of the study, she varies this in a number of cases and refers to them as separate units. This means that although she claims only to have collected data on the external friendship and kinship relations of the husband and wife as a couple (what she refers to as the family's social network), at some points she varies this and discusses the husband's social network in comparison to the wife's social network. However, when analysing the density of their network she only looks at whether members of the couple's network know one another and does not distinguish between the husbands social network and the wife's social network.

> In this context she does not take into account the extent to which a wife is in direct contact with her husband's friends, or a husband with his wife's friends; nor, for instance, does she examine to what extent the husband's friends are men married to women who are friends to the wife (Barnes, 1972: 22).

By not systematically distinguishing between the husband's social network and the wife's social network Bott is implicitly assuming that social networks have a single underlying dimension. In other words she ignores the possibility that a social network is composed of different structural features that may be

isolated and examined.

Kapferer has criticised Bott on this point. He argues that Bott places too much emphasis on density and thus overlooks other important elements of the network. He claims that by assuming that social networks are unidimensional, Bott assumes that a single measure, in this case density, will tap that dimension. Kapferer suggests however, that the underlying dimension is made up of a number of features and that to adequately examine these requires a method which distinguishes between the different structural features of the network. He suggests the use of a matrix for this purpose.

Essentially the matrix developed by Kapferer is a graph listing on the vertical axis the members of the husband's network and on the horizontal axis the members of the wife's network. Numerical points are used to plot the type and extent of interaction between all points on the graph. Type of interaction refers to the social context within which the interaction occurs (for example the work-place or neighbourhood). Extent of interaction refers to the number of times (for example, per week) interaction usually takes place.

The structural features that Kapferer was concerned with included: (a) the density of the network; (b) the

span; (c) the zones; (d) the degree of clustering; and (e) the degree of cross-linkage. Density is defined as the number of actual relations in ego's network divided by the number of possible relations. Span refers to the number of individuals with whom ego has a relationship. Zone refers to particular areas, or sets within the network which may be analyzed either separately from the rest of the network or in comparison with it. The degree of clustering refers to the extent to which individuals tend to be grouped into cliques and the degree of cross linkage "refers to the number of interactional relationships out of the total possible linking the members of the separate clusters within a network" (Kapferer, 1973:97).

Kapferer applied this method to his study of the relationship between the social networks and conjugal role organisation of two urban African couples. Unlike Bott he found that a highly connected network is most likely to lead to joint conjugal role organisation, while a loosely connected network would tend to lead to segregated conjugal role organisation. He bases his analysis upon exchange theory arguing that relationships that have a high degree of investment and trust placed upon them, for example, the husband-wife relationship, will be highly protected. He also argues

that if the relationship between husband and wife is broken, it would be very difficult for the spouses to independently maintain the same close-knit network that had surrounded them in marriage. Therefore, in the interest of maintaining the marriage the couple are more likely to participate jointly in household and leisure activities.

Method

In this paper our aim is to examine the Bott hypothesis looking in particular at the assumption that conjugal role organisation and social networks are unidimensional concepts. To test this hypothesis we interviewed a sample of 54 married couples selected from the Canberra population. The interviews lasted for approximately two hours and were organised such that while one spouse was being interviewed the other was asked to complete a questionnaire in a separate room and vice versa.

The interview consisted of a questionnaire, a schedule and a matrix. The questionnaire contained a variety of questions on such topics as general health and well-being (e.g. the General Health Questionnaire (Goldberg, 1972)), personality questions, satisfaction with suburban facilities, life-events or difficulties

and socio-demographic information. Conjugal role organisation was measured using a variety of items adapted from the well known study Husbands and Wives by Blood and Wolfe (1960).

The interview schedule was concerned largely with tapping dimensions related to friendship. It sought, using measures adapted from a variety of sources (see McCallister and Fischer, 1978; Henderson et al, 1980) to identify the people that the subject drew on for social support, companionship and so forth, and to make some evaluation of the adequacy of social support derived from these contacts. The interview schedule yielded a list of names of the people whom the subject felt were the 6 people s/he felt closest to and saw regularly. The latter condition was guaranteed by limiting it to people who lived in the A.C.T.

Finally, at the end of the interview a 'matrix' was completed for each couple. This matrix is shown in Figure 1. It is an adaptation, for questionnaire purposes, of the basic ideas contained in Kapferer's (1973) paper.

Figure 1 about here

The two lists of names derived from the two interviews were entered into the spaces shown on the matrix, then, with both the husband and wife present, the various cross connections were filled in. The data from the matrix allowed one to make a systematic calculation of the following factors:

(i) the extent to which the wife's friends knew each other. This was calculated from the pattern in the triangle of boxes at the top left of the matrix, known as the 'wife's zone';

(ii) the extent to which the husband's friends knew one another. This was calculated from the 'husband's zone' - i.e. the equivalent triangle of boxes at top right;

(iii) the extent to which each spouse knew the friends named by the other. This was derived from the 2 sets of six boxes at the bottom edges of the matrix, respectively the 'wife's row' and the 'husband's row';

(iv) the extent to which the friends named by each spouse were the same as, or were known to and friends of, those named by the other. This was derived from the data contained in the central set of 36 boxes, the 'cross zone'.

In the event it is the data from the three zones that proved valuable for analysis, since the very low levels of variability in the 'rows' rendered them relatively useless.

Conjugal Role Organisation:

(i) Decision making. The questionnaire contained eleven decision making questions covering the following topics: What car to buy; whether or not your spouse/partner should change jobs; when a doctor should be called; which friends and relatives to entertain; how much money to spend on food; what appliances to buy; what house or apartment to live in; where to go on vacations; what to do on evenings and weekends, and what job you should take. In each case the respondent was asked to indicate who usually made the final decision. Response categories available were: wife always decides; wife more than husband; wife and husband equally; husband more than wife; husband always decides.

Each response was scored in the following way. Wife always decides, or husband always decides was given a score of two points. Wife more than husband, or husband more than wife was given a score of one

point. The category of wife and husband equally received a score of nought.

The scores for each question were then summed giving each respondent a score for 'role-specificity of decision making'. The higher the score the more segregated the decision making, while the lower the score, the more joint the decision making. For example, a score of nought implies that the respondent perceives all decisions as being made equally, while a score of twenty-two implies that s/he perceives all decisions as being made separately by each spouse. Since the questions were asked of each spouse, there are always two scores that can be examined - the husband's and the wife's. Each score represents 'his' or 'her' account, respectively of perceived decision making.

(ii) Division of labour. The same procedure was carried out with the divison of labour questions. Division of labour examines the extent to which particular household tasks are shared. Questions here included: Who repairs things around the home? Who gets information before buying big items? Who does the grocery shopping? Who pays the bills? Who prepares the meals? Who cleans the house? Who does the washing up? Who puts the garbage out? Who tells the children

what to do at home? Who helps children with school work? Who teaches children work skills? Who disciplines children? Who takes/drives children to their activities?

Response categories were: wife always; wife more than husband; wife and husband equally; husband more than wife; husband always. One extra category, labelled "other person", was included for these questions. The responses were scored in the same manner as the decision making questions, with responses under "other person" scoring nought. When all the responses were summed, couples without children received scores ranging from nought to twenty, while couples with children received scores ranging from nought to thirty-two. It should be stressed at this stage that the role-specificity scores do not tell us anything about which roles are performed by each spouse. A high role-specificity score indicates a high degree of conjugal role segregation, while a low role-specificity score indicates a high degree of conjugal role jointness. The score measures whether or not the couple has special roles to perform. It does not say anything about the traditionalism of the roles being performed. As with decision making, there are again two scores that can be examined, 'his' and 'hers'.

(iii) The third conjugal role variable leisure, examines the extent to which the couple participated in non-work activities together. The questions were grouped into five main categories including going out for a social drink, or a meal, having dinner or a barbeque with friends or relatives, or going to a movie, play or concert. Each respondent was asked to indicate how often they participated in these sorts of activities, and whether they usually participated with, or without, their spouse. These were computed to give a picture (again 'his' and 'her' accounts both) of the extent to which their leisure pattern indicates joint participation or separated spheres.

Social Network Variables:

We have explained above the rudiments of the matrix. The three network variables used are the densities of the three zones, expressed in percentages. The percentage density was calculated on the basis of dividing the actual number of connections observed by the logically possible maximum number of connections and multiplying by one hundred. This follows Barnes' definition of the density of a zone as:

> the number of lines in it, divided by the number of lines in a complete graph with the same number of points as in the zone, and is expressed as a percentage (1969:225).

For each couple then, we have nine results that can be computed and analysed to test the various aspects of the Bott hypothesis. There are six measures of conjugal role organisation. These, with a brief acronym in brackets after them are: the husband's responses to the questions concerning the specificity of decision making (HSPECDEC); the wife's responses to this (WSPECDEC); the husband's responses vis a vis division of labour (HSPECLAB); "and the wife's (WSPECLAB); the husband's account of the jointness of leisure, calculated as a percentage of the total possible (HJL%); and the wife's account of this (WJL%). Secondly, we have three measures of network, the cross zones % density (CZ%) and the densities for husband's zone (HZ%) and wife's zone (WZ%).

The SPSS package was used to produce a Pearson correlation matrix for these 9 variables.

Results

The results of the computer analysis are shown in Table 1. The table should be considered in several

parts, each germane to the test of a particular part of the hypothesis.

Table 1 about here

(i) Conjugal Role Organisation

The central question we sought to investigate here was whether conjugal role organisation is unidimensional. That is, if a couple have joint household division of labour arrangements will they also have joint arrangements in every other area of their marriage, such as leisure and decision making, and will they give a single account of this? If conjugal role organisation is unidimensional then we should expect to find strong correlations between HSPECDEC, HSPECLAB, HJL%, WSPECDEC, WSPECLAB and WJL%. The correlations should be positive between the various decision making and division of labour scores. They should be negative between there and the leisure scores, since high percentage scores on joint leisure should - if conjugal role organisation is unidimensional - be associated with low specificity in decision making and divison of labour.

The correlations between these six variables are shown in the first five columns of Table 1. We can first examine the extent to which the two 'accounts' of the marriage 'his' and 'hers' are the same. There are three correlations to be examined here - the correlation of views in respect of decision making, division of labour, and leisure.

The correlation between all three is positive, and the results are all significant at the .05 level. Nonetheless, the magnitudes of these correlations vary. The highest correlation emerges in respect of division of labour, with HSPECLAB and WSPECLAB correlating at .63. This is a highly significant correlation ($p < .001$), and may be argued to be of considerable substantive significance as well. The correlations between HSPECDEC and WSPECDEC (.43) and HJL& and WJL& (.33) are also statistically significant ($p < .001$ and $p < .01$ respectively). Nonetheless, when one recalls the questions that yielded the data, i.e. in simple terms the fact that the couples are allegedly responding to the 'same' reality, the size of the correlations is less impressive in substantive terms. Of course, there is no suggestion in Bernard's (1976) characterization of the 'two marriages' that the experience of husband and wife is <u>totally</u> different,

i.e. our expectation is not of zero (or negative) correlation.

The results in this section then seem to indicate that the 'two marriage' argument is at least partially sustainable.

This leads us to examine the question of multi-dimensionality in the other sense. That is are the correlations between specificity of decision making, division of labour and joint leisure in the expected directions? Let us first examine the answers given by wives. WSPECDEC and WSPECLAB show a strong positive correlation (.45 $p < .001$) and there would be good reason here to support the unidimensionality thesis. On the other hand neither of these correlate strongly with the reports of leisure - WSPECDEC and WJL& -.17 (ns); WSPECLAB and WJL& -.10 (ns). The correlations are in the predicted direction but the first is small and the second is very small.

A very similar result occurs when we examine the husbands' responses. HSPECDEC and HSPECLAB correlate strongly and significantly (.36, $p < .01$) but the correlations of these with HJL& are small and insignificant and indeed in one case in the reverse direction to Bott's prediction (HSPECDEC/HJL& - .13; HSPECLAB/HJL& .12).

(ii) Social network variables

The story on the social network variables is very simple and offers much stronger support for Bott's assumption of unidimensionality. The relevant coefficients are the three at bottom right of the matrix. All three are substantial positive correlations, all in the predicted directions and all highly statistically significant (WZ% correlates .64 with HZ% and .83 with CZ%. HZ% correlates .71 with CZ%).

(iii) Conjugal role organisation and network structure.

(a) Decision making and networks.

The story here is complex but interesting. In the case of the account given by either partner (i.e. whether using WSPECDEC or HSPECDEC) there are significant relationships, between decision making and the density of the wife's zone and the density of the cross zone. Thus WZ% correlates -.30 with WSPECDEC ($p < .05$) and -.31 with HSPECDEC ($p < .01$). Similarly CZ% correlates -.29 with WSPECDEC ($p < .05$) and -.27 with HSPECDEC ($p < .05$).

On the other hand there is virtually no correlation at all with HZ% (-.02 and -.03 in the two cases).

There is thus quite strong support for the argument that there is an association between marital decision making (an aspect of conjugal role organization) and some aspects of the social network of the couple. The key point, however, is that these statistically significant correlations are the reverse of those predicted by Bott! Her prediction connects segregated marriages (i.e. high scores or SPECDEC variables) with dense networks (i.e. high % densities). The correlations should therefore be positive, but as Table 1 shows, the correlations are all negative.

(b) Division of labour and social network

The story here is simple. Neither HSPECLAB nor WSPECLAB correlate significantly with any network variable. The largest correlations observed are between HSPECLAB and HZ% and WSPECLAB and CZ%. The correlations are both .16 the probability estimated at .12. One result is in the predicted direction, the second is in the reverse of the predicted direction.

In short one would, in conventional terms, have no reason at all to reject a null hypothesis - that there

is no association between the conjugal role organisation of division of labour and features of the couple's social network.

(c) Leisure behaviour and social networks

The results here show the strongest evidence for an association between aspects of conjugal role organisation and network. Of the six correlations between WJL% and HJL% on the one hand, and WZ%, HZ% and CZ% on the other, only one is not significant (WJL% and WZ%, .04 n.s.). The remainder are all between .26 and .37 and every one is statistically significant at $p < .05$ or better.

Again, however, these correlations are precisely the reverse of those predicted by Bott. The joint leisure scores and the densities are percentages. Positive correlations indicate that separate leisure (he has his friends and she has hers) is not associated with a dense external network, quite the reverse.

Conclusions

The broad conclusion that may be drawn from these data can be stated thus - Bott's original hypothesis of a connection between conjugal role organization and the

social networks within which couples are embedded, remains a fruitful idea. Nonetheless, both the dimensions of these social features and their relationship to one another is much more complex than Bott's central argument has acknowledged.

One part of this complexity is to be found both in the fact that conjugal role organization is a multi-dimensional concept, and that the conjugality upon which it is based is itself differentially experienced by the spouses. The second part of the complexity derives from the fact that our results indicate precisely the reverse direction of association to the one suggested by Bott. Does this second part amount to a refutation of the 'Bott hypothesis'?

It turns out to be harder to give a firm answer to this question than might be imagined. In the narrowest sense, the answer is definitely 'yes'. Bott herself was firm that her hypothesis was not context dependent and attempts by her critics to suggest degrees of context dependency in the form of class linkage were rejected. Insofar as Bott is seen to hold to a sweeping hypothesis (and one of the form that links, for example, joint conjugal roles to loose-knit networks) she is simply wrong. The hypothesis does not hold with this degree of generality.

On the other hand, her own argument is a good deal more robust than the assertion she derives from it. Consider, as an illustration, her argument that the hypothesized connexion derives from wider group norms. For example, in a close-knit network:

> Each partner makes a considerable emotional investment in relationships with the people in his (sic) network. Each is engaged in reciprocal exchanges of material and emotional support with them. Each is very sensitive to their opinions and values, not only because the relationships are intimate, but also because the people in the network know one another and share the same norms so that they are able to apply consistent informal sanctions to one another. The marriage is superimposed on these pre-existing relationships (Bott, 1957:92). (Emphasis added.)

Bott also points out that this sort of network is associated with low geographical mobility and mono-sex grouping.

> Many people know one another and have known one another since childhood. Women tend to associate with women and men with men (Bott, 1957:92).

On the other hand, loosely connected networks are associated with couples who have a high degree of geographical mobility and thus little chance to establish long-lasting relationships with outside friends.

> In other words, their external relationships are relatively discontinuous both in space and in time. Such continuity as they possess lies in their relationship with each other rather than in their external relationships .... Hence their high standards of conjugal compatibility, their stress on shared interests, or joint organization, on equality between husband and wife (Bott, 1957:95).

When looked at closely, these arguments are not as context independent as Bott would have us believe. Smuggled into the latter quotation is a series of covert assumptions, assumptions that might have seemed a good deal less questionable 30 years ago in a society where geographical mobility was at a much lower level than one might find in Australia (or the USA, even the UK) today.

These assumptions centre upon the extent to which geographical mobility disrupts ties of friendship and throws the couple back upon their collective resources. They ignore the possibility that middle class couples in particular might through both occupational communities and informal organizations, be part of a generalized milieux which might contain norms about friendship, leisure and so on and about conjugal role organization. Norms, moreover, that are liable to be enforced by both exhortation and sanction if they are not adhered to.

Perhaps a brief, anecdotal, example will make the

point forcefully, albeit this is not a proof! On a weekend in early October, 1983, just before this paper was drafted, one of the authors (S.K.M.) spent the weekend in Wagga Wagga, N.S.W. With his family, he was booked into a motel. In adjacent rooms were booked 8 other adults - 2 singles and 3 married couples. What did these 10 adults have in common? Well, they were all there to attend the wedding of a close (male) friend. The husband-to-be and the 10 shared a specific characteristic. Of the 11, 9 had been at Victoria University of Wellington as staff (2) or students (7) in the years 1972-1974. Eight of the 9 had been in the Sociology department. The other two were spouses of members of the group, one of whom had been in Sociology at A.N.U. in 1975-6, at a time when 6 of the 11 had been staff or students in that department. Their current residences are scattered from Bathurst to Launceston, yet they are regularly in touch, and sub-groups regularly meet. This group is, of course, part of a much wider middle class group. It is highly geographically mobile (internationally so) yet it has survived both geographical dispersion and time.

When this group is compared to Bott's argument some of her assumptions are exposed as questionable. Nonetheless as a source of norms and sanctions, it

operates in ways quite compatible with her broad logic.

It is our argument that Bott was essentially correct in postulating a relationship between social networks and conjugal roles. However, we suggest that factors such as geographical mobility, the propinquity of kin, and the existence of mono-sex groupings in the community - in short general features of the community within which the family and the social network are embedded - are also important factors in the organisation of conjugal roles. Furthermore, it seems likely that these factors not only influence the type of conjugal role organisation the couple adopts, but also shape the type of social network surrounding the couple. Figure 2 may help to clarify this suggestion. Social networks are influenced by factors such as geographical mobility, propinquity of kin, and mono-sex grouping. These factors however, also directly affect conjugal role organisation. This is a rather less exciting formulation than the original one, but it seems to be both more fruitful and more sustainable.

Figure 2 about here

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TABLE 1: CORRELATION MATRIX OF CONJUGAL ROLE ORGANIZATION AND SOCIAL NETWORK VARIABLES (N = 54 Couples)

Pearson Correlation Coefficients

	WSPECLAB	HSPECDEC	HSPECLAB	WJL%	HJL%	WZ%	HZ%	CZ%
WSPECDEC	.45[3]	.43[3]	.26[1]	-.17	-.33[2]	-.30[1]	-.02	-.29[1]
WSPECLAB		.22	.63[3]	-.10	.04	-.14	.06	-.16
HSPECDEC			.36[2]	-.09	-.13	-.32[2]	-.03	-.27[1]
HSPECLAB				-.08	.12	-.05	.16	-.03
WJL%					.33[2]	.04	.26[1]	.27[1]
HJL%						.37[2]	.26[1]	.32[2]
WZ%							.64[3]	.83[3]
HZ%								.71[3]

Significance Levels

[1] $p < .05$ [2] $p < .01$ [3] $p < .001$ Otherwise $p > .05$

FIGURE 2

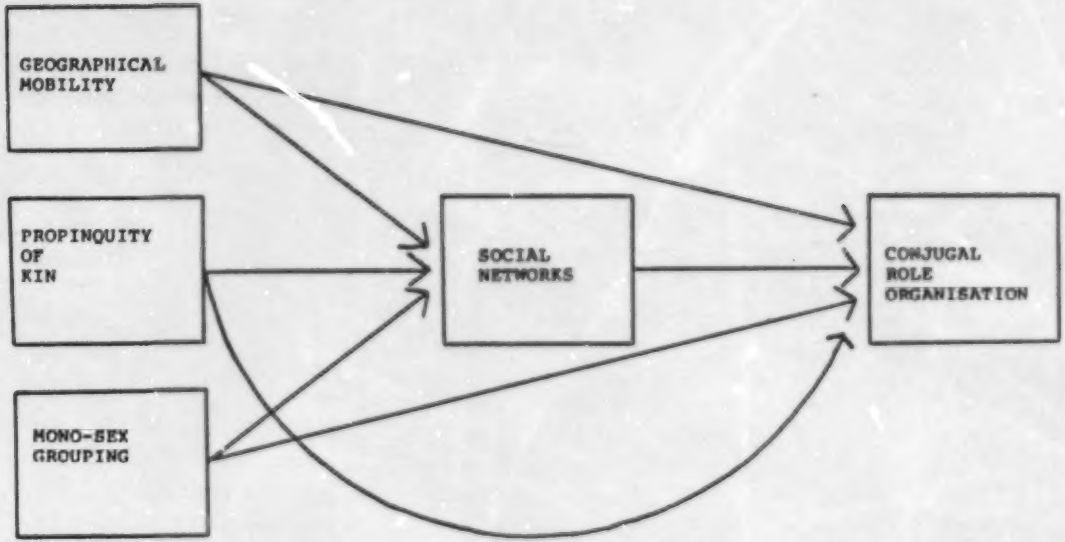
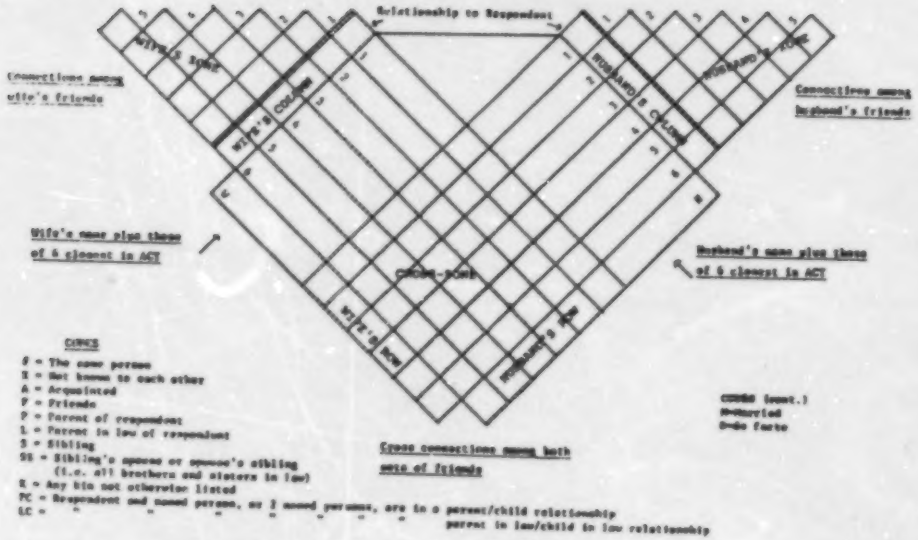

GEOGRAPHICAL MOBILITY
PROPINQUITY OF KIN
MONO-SEX GROUPING
SOCIAL NETWORKS
CONJUGAL ROLE ORGANISATION

FIGURE 1 - THE NETWORK MATRIX


Relationship to Respondent
Connections among wife's friends
Connections among husband's friends
Wife's same plus those of 6 closest in ACT
Husband's same plus those of 6 closest in ACT
Cross connections among both sets of friends
CODES
0 = The same persons
X = Not known to each other
A = Acquainted
F = Friends
P = Parent of respondent
L = Parent in law of respondent
S = Sibling
SS = Sibling's spouse or spouse's sibling (i.e. all brothers and sisters in law)
U = Any kin not otherwise listed
PC = Respondent and named person, or 2 named persons, are in a parent/child relationship
LC = " " " " " parent in law/child in law relationship